

PROFESSIONAL LEAVE / TRAVEL REQUEST FORM

(use only for out-of-parish trips or when there is a cost not covered by the school)

Date Submitted _____

(If travel request, form must be submitted one month in advance of travel)

Name _____ **Location** _____

Position _____ **Date(s) of Travel** _____

Destination _____

Purpose _____

(attach agenda/documentation)

Benefit to District / School _____

Yes, Substitute will be used and paid from
(Appropriate staff initial if ok to be paid from your fund)

Fund. _____
(If other than General Fund, School must report in Comment Line on Teacher absence screen when reporting absence)

No substitute will be used

Will there be a cost for travel?

Yes **Funding Source** _____ **No**

(If so, complete Estimated Cost)

Estimated Cost:

Hotel _____	Mileage _____
Airfare _____	Meals _____
Registration _____	Taxi / _____
Other _____	Shuttle _____
	Identify _____

TOTAL: _____ (When travel expense voucher is submitted, attach a copy of this form)

	Approved	Not Approved	Signature / Date
Immediate Supervisor			
Program Director (If grant funded)			
Director			
Other			
Chief Academic Officer/Chief Financial Officer Chief Operations Officer/Chief Of Staff			
Superintendent			