

WILLARD CITY SCHOOL DISTRICT

PROFESSIONAL LEAVE REQUEST

Name: _____ School: _____ Date: _____

I would like to request permission to use _____ days of professional leave for improving my professional training. I plan to attend:

Name of meeting/conference: _____

Location of meeting/conference: _____

Date of meeting/conference: _____

Are overnight accommodations needed: Yes _____ No _____ If yes, how many nights? _____

Are expenses being funded by a grant?: Yes _____ No _____ Approved by _____

Estimated Expenses

Personal Expenses

Meals (\$30 per day) \$ _____

Transport. (\$100 max): \$ _____
(.45 / .55)

Parking/Tolls \$ _____

Personal Total \$ _____

Other Expenses

Lodging \$ _____ Vendor _____

Registration \$ _____ Vendor _____
(\$100 / \$175 max)

Other Total \$ _____

Employee's Signature Date

Principal's Recommendation Date

Superintendent's Approval Date

Disapproved by: Reason: Date

Effective July 1, 1993, a **requisition must be submitted** with this request in order to encumber funds for anticipated expenses.

The applicant must pay all personal expenses and submit the itemized signed receipts along with the Professional Meeting Reimbursement Request Form for reimbursement. A check for lodging and registration will be issued to the vendor listed. Please include a statement for the lodging and/or a registration form for the registration showing the price to be paid.