Revised: 11-20-2014 (KSB-CAO)

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 _____ **Fund.**

(Appropriate staff initial if ok to be paid from your 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 / Shuttle _____

Other _____ 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			

Directors: A copy of this form must be submitted to Payroll when signatures are complete.