

Request to be absent for professional meeting or educational trips will be evaluated on a basis of (1)value to the district, (2)funds available, (3)merit of the activity.

A request for professional leave shall be made on this form through the appropriate Supervisor or Administrator who will forward same to the Superintendent of Schools for consideration. Request for professional and job related leave shall be submitted at least two weeks prior to the anticipated absence (when possible).

Supervisor or Administrator may require that professional leave requests be submitted prior to a certain date when budget allocations must be planned. In such cases, the number of requests, distances to be traveled, costs, etc., will be determining factors as to how funds are allocated. Binding arrangements should not be made until professional leave request is approved by the Superintendent of Schools.

Indicate # of days used in 2014-15. In-state: _____ Out-of-state: _____

Applicant's Name: _____ Date Submitted: _____

Please explain details of the leave (name of conference or activity, city, state, location).

Please explain the potential benefit to the district.

Time of Departure: _____ Date of Departure: _____

Time of Return: _____ Date of Return: _____

Departure Location: _____ Return Location: _____

Will others go on this trip? _____ If so, who? _____

Transportation: _____

Applicant's Work Site: _____ Signature of Applicant: _____

Preliminary Approval: _____ Date: _____
(Immediate Supervisor/Administrator)

Preliminary Approval: _____ Date: _____
(Department Supervisor)

Final Approval: _____ Date: _____
(Superintendent of Schools)

Upon final approval of the Superintendent of Schools the signed original of the same will be returned to the applicant's worksite submitting the request and a copy to the appropriate Departmental Supervisor/Administrator.

PLEASE COMPLETE THE NEXT PAGE IF EXPENSE TO THE DISTRICT IS INVOLVED AND/OR REIMBURSEMENT IS DUE TO THE APPLICANT.

Applicant's Name: _____

What estimated expense will the District incur if this request is approved? Provide dollar amounts.

=x= RECEIPTS ARE NOT REQUIRED FOR ROUTINE MEALS WITHIN THE FOLLOWING ALLOWANCES =x=

TIER I (In- State Rate)

MEALS		#	
Breakfast	\$ 9.00		\$
Lunch	\$13.00		\$
Dinner	\$29.00		\$
Total Meal Expense			\$

TIER II* (New Orleans/Out-of-State*)

MEALS		#	
Breakfast	\$10.00		\$
Lunch	\$16.00		\$
Dinner	\$30.00		\$
Total Meal Expense			\$

TIER III & TIER IV**

MEALS		#	
Breakfast	\$		\$
Lunch	\$		\$
Dinner	\$		\$
Total Meal Expense			\$

	Estimated Expenses		Expenses Approved by Supervisor/Administrator	
	District Amount Incurred	Reimbursement Amount to Applicant	District Amount Incurred	Reimbursement Amount to Applicant
Registration				
Lodging				
Tips/Baggage Handling				
Meals (chart total)				
Taxi/Parking Fee				
Telephone/Fax Service				
Plane				
Mileage: x .51				
Total Expenses				

Expenses Approved: _____ Date: _____
 (Departmental Supervisor)

Expenses Approved: _____ Date: _____
 (Superintendent of Schools)

Charge to Fund(s): _____

Reimbursement to Applicant: Return this signed original approved Professional Leave Form and workshop/ conference /seminar agenda with actual expenses/receipts (registration/hotel, etc.) attached to the Central Office immediately upon returning from approved professional leave.

Personnel who are requested to travel for the District may be reimbursed for actual expenses incurred (appropriate receipts required). Reimbursement will not be allowed if expenses are paid by another agency.

Refer to Louisiana Travel Guide 2014-15 for additional information.
<http://www.doa.louisiana.gov/osprtravel/travelpolicy/travelguide.pdf>