

# PROFESSIONAL LEAVE / TRAVEL REQUEST FORM

(use only for out-of-parish trips or when there is a cost)

**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  
(supervisor initial if ok to be paid from your fund)

\_\_\_\_ No Substitute will be used

\_\_\_\_\_ **Fund.**  
(If other than General Fund, School must report in Comment Lin  
on Teacher absence screen when reporting absence)

**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 Operations Officer			
Superintendent			

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



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