

REQUEST FOR PROFESSIONAL LEAVE

Request must be turned in to business office and approved at least two weeks prior to actual date of leave requested.

Name: _____

I hereby request professional leave in compliance with administration regulations and Board policy governing such leave on:

_____ to _____
Date Date

Reasons: _____

ESTIMATED COST TO SCHOOL DISTRICT \$ _____

SIGNED: _____

(Person Requesting Leave)

TITLE: _____

APPROVED: _____

DISAPPROVED: _____

SUPERINTENDENT (Must Sign Prior to Out-of-District Travel) Date

Comments: _____

REQUEST FOR PER DIEM AND/OR MILEAGE

If the school district owes you for per diem, and/or mileage for use of your personal car, complete the portion below and turn it in to the central office upon your **return** from the trip. (Please do not fill it in before you leave)

Left on trip: _____ Returned from trip: _____
Date and Hour (AM or PM) Date and Hour (AM or PM)

If personal car, official map mileage from point of origin to destination: _____ X 2 X 32 cents =\$ _____

Signature of Person Requesting Reimbursement: _____ Date: _____

LODGING: You must make arrangements in the business office for lodging. If the office cannot arrange rooms, you will receive reimbursement for reasonable room rates.

PER DIEM: Available as per follows when overnight travel is required:

MEAL RATES:	Less than 2 hours	\$ 0.00
	2 to 6 hours	12.00
	6 to 12 hours	20.00
	12 hours or more	30.00

If necessary, upon approval from Superintendent, actual reimbursement for meals may be made (when overnight travel is required). Actual expenses are limited to \$10.00 per meal **with receipts**.

MILEAGE REATES, USE OF PERSONAL VEHICLE: \$.32 per mile

If school vehicle is not available, you must have prior approval of superintendent to receive mileage for use of personal vehicle.

BOOKKEEPING DEPARTMENT USE

Per Diem: \$ _____ Mileage: \$ _____ TOTAL: \$ _____

Budget: _____ Line Item: _____