

# PROFESSIONAL LEAVE REQUEST FORM

Deer Creek-Mackinaw CUSD #701

Employee's Name: \_\_\_\_\_ School: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Are you a member? (Circle One) Yes No

Meeting Location: \_\_\_\_\_ Requested by administration to attend? Yes No

Purpose of attending: \_\_\_\_\_

DAY(S) OF WEEK	DATE(S) TO BE GONE (MONTH & DAY)	LENGTH TO BE GONE (CIRCLE)	SUB NEEDED? (CIRCLE)
Monday		AM – PM - ALL DAY	AM – PM – ALL DAY - NONE
Tuesday		AM – PM - ALL DAY	AM – PM – ALL DAY - NONE
Wednesday		AM – PM - ALL DAY	AM – PM – ALL DAY - NONE
Thursday		AM – PM - ALL DAY	AM – PM – ALL DAY - NONE
Friday		AM – PM - ALL DAY	AM – PM – ALL DAY - NONE
Sat/Sunday			

### ESTIMATED EXPENSES\*

**TRAVEL:** Auto – Number of miles \_\_\_\_\_ @ \_\_\_\_\_ cents per mile = .....\$ \_\_\_\_\_

Bus, Train, or Taxi Fare .....\$ \_\_\_\_\_

Parking Costs or Tolls .....\$ \_\_\_\_\_

**MEALS:** Number of meals on trip \_\_\_\_\_ .....\$ \_\_\_\_\_

**LODGING:** Number of nights \_\_\_\_\_ @ rate \$ \_\_\_\_\_ .....\$ \_\_\_\_\_

**REGISTRATION:** Does a check for registration fee need to be mailed? Yes No.....\$ \_\_\_\_\_

If yes, is the paper registration form (filled out by you) attached? Yes No

Is registration to be done online & fee to be paid using district credit card? Yes No.....\$ \_\_\_\_\_

If yes for online/credit card, please contact bookkeeper at district office (after approval is received).

**MISC.** (specify): \_\_\_\_\_ .....\$ \_\_\_\_\_

**TOTAL ESTIMATED EXPENSES BEING REQUESTED.....\$ \_\_\_\_\_**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Principal's Approval

\_\_\_\_\_  
Superintendent's Approval

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\* Failure to request all estimated expenses will result in denial of reimbursement