

# 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:** Do you wish to have registration sent? Yes No .....\$ \_\_\_\_\_

If yes, is registration information attached? Yes No

Registration Due Date: \_\_\_\_\_

**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