

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