



REQUEST FOR OVERNIGHT PROFESSIONAL LEAVE
BUILDING _____ DATE _____

Items 1-11 must be completed for all requests

➤ *If you are requesting reimbursement and travel involves an overnight stay, you need to complete this form. This request is due four (4) weeks prior to event. Travel arrangements can not be made prior to Board approval.*

This completed form, including signatures of both your supervisor and the budget manager, **MUST BE SUBMITTED** to the Human Resources Office for Board approval. **BOARD APPROVAL MUST BE GRANTED IN ADVANCE OF THE MEETING.** Failure to do so will result in non-payment of reimbursement. You will receive an expense voucher after Board approval is received. Please submit the expense voucher, along with receipts, to Susan Westfahl, Superintendent's Office for reimbursement.

1. Name _____ 2. ID Number _____

3. Grade/Subject _____

4. Date(s) of Leave _____

5. Meeting/Conference Attending _____

Location of Meeting _____

6. Reason to Attend Meeting (tie into DIP) _____

7. Provide estimate of total cost i.e. registration, room, transportation, food, etc. _____

8. Overnight Stay Required? Yes ___ No ___ 9. Substitute Required? Yes ___ No ___

10. _____
Approval of Principal/Supervisor _____ **Date** _____

11. **Budget Number:** _____
You must secure the approval of the administrator responsible for the budget.

Signature of Budget Manager _____ **Date** _____
(Must have this approval for all requests)

For office use only:

HR Approval Yes ___ No ___ **Initial** ___ **Date** _____

BOARD APPROVAL: YES ___ NO ___ Date: _____

White-Personnel Office; Yellow-Employee; Pink-Budget Manager; Goldenrod-Sub Office