

Request to Attend Official Meeting

Requests should be submitted as soon as the absence is anticipated, but no later than 10 days prior to leave

Date: _____ Type of Leave Requested: Professional
 School Business

Name: _____ Employee #: _____

Position: _____ Work Location: _____

Address: _____

Type of Meeting: _____ Meeting Location: _____

Date(s) of Leave Request: _____

Number of Instructional Days Missed: _____ Account to be charged & Funding Source: _____

Purpose of Meeting: _____

Names of Other Employees Attending: _____

Estimate of Expenses

Registration Fee: _____ Mileage: _____ Travel: _____
 Meals: _____ Lodging: _____ **Total:** _____

Authorized to use private vehicle? Yes No N/A

Originator's Signature: _____

APPROVALS

LOCAL Approved Not Approved

Immediate Supervisor: _____ Date: _____

Associate Superintendent/Chief: _____ Date: _____

OUT OF STATE Approved Not Approved

OUT OF COUNTRY Approved Not Approved

Superintendent's Signature: _____ Date: _____