

**NORTH ST. FRANCOIS COUNTY SCHOOL DISTRICT R-I
LEAVE REQUEST FORM**

(REQUESTS FOR PROFESSIONAL/STAFF DEVELOPMENT MUST BE COMPLETED ON FORM "REQUEST TO ATTEND PROFESSIONAL DEVELOPMENT OPPORTUNITY" (BLUE))

Name: _____ Building: _____ Date: _____

1. Please check one of the following: _____ Teacher Request _____ Principal's Request
 _____ Non-Certified Request _____ Central Office Request

2. Date of activity: _____
Title: _____
Subject of activity: _____
Location: _____

3. Estimate of total district expenses. **A General Payment Requisition with all receipts attached must be completed and sent to the Central Office before any reimbursement will be issued.**

- | | |
|---|----------|
| A. Travel – Total miles x \$0.41 per mile | \$ _____ |
| B. Lodging – Price x number of nights | \$ _____ |
| C. Food – Total of all meals | \$ _____ |
| D. Registration/Tuition | \$ _____ |
| E. Cost of Substitute | \$ _____ |

4. Account Payable for activity expenses: _____

5. Will you be traveling alone (), with other faculty members from our district (), or with faculty from neighboring districts ()? Others traveling with you: _____

Employee Signature

Director of Special Services Signature
(if applicable)

Principal/Supervisor Signature

Assistant Superintendent Signature

Superintendent Signature

Request Granted

Request Denied