

## Zachary Community School Board Professional Leave Funding Request

*(Requests must be submitted at least 10 days in advance.)*

|                       |  |
|-----------------------|--|
| <b>Employee Name:</b> |  |
| <b>Employee ID #:</b> |  |
| <b>Location:</b>      |  |
| <b>Position:</b>      |  |

|   |  |                     |  |
|---|--|---------------------|--|
| <b>Request to Attend:</b>   |  | <b>Dates of PD:</b> |  |
| <b>Location:</b>  |  |                     |  |
| <b>Justification:</b>   |  |                     |  |
| <b>School Improvement Goal:<br/>(Must be completed for Title funding)</b> |  |                     |  |

| Expense Funding Source   | Estimated Costs   |
|--|---|
| <b>Select One:</b><br><input type="checkbox"/> Title _____ (Longmire)<br><input type="checkbox"/> IDEA (Mason)<br><input type="checkbox"/> General (Y. Williams)<br><input type="checkbox"/> School<br><input type="checkbox"/> Other<br>_____ | Mileage \$ _____<br>Airfare \$ _____<br>Parking \$ _____<br>Baggage Tips \$ _____<br>Cab/Shuttle \$ _____<br>Lodging \$ _____<br>Meals \$ _____<br>Registration Fees \$ _____<br>Total \$ _____ |

|                                |     |                       |
|--------------------------------|-----|-----------------------|
| Prepaid Registration Requested | Yes | No                    |
| Advance Requested              | Yes | No    Amount \$ _____ |
| Substitute Required            | Yes | No                    |

***Note: Original receipts must be submitted with expense report for reimbursement and to settle advances. If any expenses are incurred that do not have prior approval, payment will be the responsibility of the school/principal/individual.***

|   |              |
|---|--------------|
| <b>Approval (School level) of funding source for professional leave expenses:</b> | <b>Date:</b> |
|---|--------------|

**Approval (District level) of funding source for professional leave expenses:** \_\_\_\_\_ **Date:** \_\_\_\_\_