

**PROFESSIONAL STAFF LEAVES AND ABSENCES**  
*(Professional Leave Application Form)*

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Position: \_\_\_\_\_ Building: \_\_\_\_\_

**I request permission to attend the following:**

Name of Organization/Event: \_\_\_\_\_

Are you a member of this organization?  Yes  No

Nature of Meeting: \_\_\_\_\_

Place of Meeting: \_\_\_\_\_

Date(s) of Meeting (Inclusive): \_\_\_\_\_ Days Absent from Duty: \_\_\_\_\_

Reasons for Requesting Professional Leave: \_\_\_\_\_

Estimated cost of attendance			
Number of Substitute Days:	_____	x \$	_____ \$
Lodging: No. of Nights:	_____	x \$	_____ \$
Meals: No. of Days:	_____	x \$	_____ \$
Registration Fee (not including any membership fee):			_____ \$
Transportation:	Air (coach fare):		_____ \$
	Intra-city Transportation:		_____ \$
	Automobile Expenses @ _____ cents/mile:		_____ \$
	Other _____		_____ \$
	Estimated Cost of All Transportation:		_____ \$

<b>Total Estimated Cost</b> _____ \$ _____
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Budget Code to Be Charged or Source of Funding: Account Codes						
Fund	Function	Object	Location	Project	Dept.	Amount

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FILE: GCBDA-AF2  
Critical

**For Office Use Only**

Request Was:  Approved as Requested  Approved as Indicated Below  Denied

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Designee

\_\_\_\_\_  
Date

Maximum Amount of Cost Approved: \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.***

Implemented: August 15, 2007

Revised:

Boonville R-I School District, Boonville, Missouri