

Teton County School District #1

Request for Professional or Administrative Leave

Employee Name: _____

Date Submitted: _____

Requested Leave Dates: _____ thru _____

Title of Activity/Conference/Clinic: _____

(Itinerary must be attached in order to qualify for meal reimbursements or PTSB credits)

How does this activity connect to the district strategic plan/Success 2022?

What is your plan to share the information? (PLC's, Content Work Team, Staff meeting, other _____)

City: _____

State: _____

Hotel: _____ Hotel Phone: _____ () _____

Employee Cell: _____ () _____ Personal / District Cell (circle one)

Employee responsible in your absence: _____

FUNDING SOURCE:

School / Personal / District / Grant (circle one)

Account number: _____

***If District or Grant funded, account number must be provided before approval

EMPLOYEE MUST COMPLETE BEFORE APPROVAL IS GIVEN:**Projected Costs**

Description of Expense	# of units	cost per unit	Total cost
Substitute Days (\$160/day)		\$	\$
Conference Clinic Registration		\$	\$
Air Fare		\$	\$
Rental Car or Parking Fees		\$	\$
Gasoline Charges		\$	\$
Mileage Charges		\$	\$
Ground Transportation		\$	\$
Hotel/Motel Charges		\$	\$
Meals with receipts		\$	\$
Other expenses		\$	\$
TOTAL PROJECTED COSTS		\$	\$

Notes: _____

MEALS: All meals will be refunded with receipts. We follow the Federal per diem rates. Breakfast will be paid if employee leaves prior to 7:00 A.M. Lunch will be paid if employee leaves prior to 11:00 A.M. or returns after 1:00 P.M. Dinner will be paid if employee returns after 7:00 P.M.

TRAVEL: All automobile travel will be in district owned or rented vehicles. Please work with the business office and transportation to make arrangements.

HOTEL/MOTEL BILLS: Bills must be itemized. All personal charges (i.e., telephone, movie rental, etc.) must be paid by the employee at the time of check

RECEIPTS: Itemized receipts are required for all reimbursement including meals.

If the employee requires changes after travel has been reserved/booked, the employee is responsible for all additional costs, including cancellation costs to the district.

If asked, I will present my learning at the District K-12 Professional Development day.

I, _____ (employee name), have read and agree to follow the guidelines for district travel and expense outlined above and in TCSD board policy. TCSD board policy can be found at <https://www.boarddocs.com/wy/teton1/Board.nsf/Public>. Travel policies include DLC, DLC-R, DLC-E-1, DLC-E-2, GCC-R.

Employee Signature (required for approval) _____

Date _____

Building Administrator Signature _____

Date _____

Director Signature (Curriculum, Grants, etc.) _____

Date _____

Superintendent or Designee _____

Date _____

Return this form to: _____

Revised on March 8, 2018