

# GEORGE COUNTY SCHOOLS Professional Leave Request

***This application must be submitted at a minimum of 2 weeks prior to leave. Applications requiring board approval must be submitted prior to the board meeting. Application must be approved before attendance. Application must include Conference, Hotel, and Travel documentation when initially submitted. Form must be completed in its entirety, or it will be returned without approval.***

**SECTION ONE (TO BE COMPLETED BY PARTICIPANT)**

Date Submitted: \_\_\_\_\_ Out of State \_\_\_\_\_ Overnight \_\_\_\_\_  
Name \_\_\_\_\_ Position \_\_\_\_\_ School/Dept. \_\_\_\_\_  
Dates Leave Requested \_\_\_\_\_ through \_\_\_\_\_ Total Days \_\_\_\_\_  
Destination \_\_\_\_\_  
(Name and address of workshop, conference) (City, State) Out of State Leave must be board approved  
Description (Attach Documentation): \_\_\_\_\_

<b>Anticipated Paid/Reimbursable Expenses CHECK ALL THAT APPLY:</b>		District Vehicle Available:	Yes	No		
<input type="checkbox"/> Travel Expenses:	<input type="checkbox"/> Mileage (Total Miles Roundtrip) _____	<input type="checkbox"/> Meals (Overnight only) Itemized Receipts required				
<input type="checkbox"/> Hotel _____	Check-In Date _____	Check-Out Date _____		Student rooms? _____		
Other (i.e. parking) Please list: _____						
<b>Registration Expenses:</b>	Registration Fees _____	Credit to be earned:	CEU	SEMI	OSL	Other _____

Signature \_\_\_\_\_ Date \_\_\_\_\_ Number of credits to be earned: \_\_\_\_\_  
Participant

**Upon completion send form to immediate Supervisor/Principal**

**SECTION TWO (TO BE COMPLETED BY PARTICIPANT'S SUPERVISOR)**

Substitute Required: No. Days \_\_\_\_\_ Leave Recommended \_\_\_\_\_ Leave Not Recommended \_\_\_\_\_  
Enter Complete Fund Number(s) below for all above indicated/approved expenses. If fund numbers are incomplete, form will be returned without approval. (2311, 2511, 2211-Title 2610-SPED 1120-District 2711-Vocational 1151-1160-Activity)  
Fund Number(s) \_\_\_\_\_

Approved with expenses indicated above \_\_\_\_\_ Approved without expenses (no expenses indicated above) \_\_\_\_\_  
Hotel Reservations/Prepay by Central Services \_\_\_ Yes \_\_\_ No (If yes, hotel information must be attached)  
Supervisor/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

**Upon completion send form to Human Resources**

**SECTION THREE (TO BE COMPLETED BY HUMAN RESOURCES)**

Date Received at Human Resources: \_\_\_\_\_

**SECTION FOUR (TO BE COMPLETED BY FUND DIRECTOR/DESIGNEE)**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for Denial: \_\_\_\_\_  
Fund Director/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION FIVE (TO BE COMPLETED BY CHIEF FINANCIAL OFFICER)**

Fund Verified \_\_\_\_\_ Reservations Made \_\_\_\_\_ CFO Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION SIX (TO BE COMPLETED BY HUMAN RESOURCES DIRECTOR)**

Human Resources Director Signature \_\_\_\_\_ Date \_\_\_\_\_

**VERY IMPORTANT:**

- School secretary should attach copy of approved form to teacher/substitute payroll report when submitting payroll.
- School secretary should attach copy of approved form to travel reimbursement requests.