

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): _____

CIRCLE YES OR NO	
Anticipated Paid/Reimbursable Expenses CHECK ALL THAT APPLY:	Using Activity Bus: Yes or No Dist. SUV Available: Yes or No
Travel Expenses: ☐ Mileage (Total Miles Roundtrip) _____ ☐ Meals (Overnight only) Itemized Receipts required ☐ Hotel \$ _____ Check-In Date _____ Check-Out Date _____ Student Rooms needed? ☐ Other (i.e. parking) Please list: _____	
Registration Expenses: ☐ 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.