OLD FORM DO NOT USE

School Union 76

Employee Leave Form (1/5/25)

Assignment Location: Brooklin _____ Sedgwick _____ DISHS _____ DISES ____ CO_____

Name: _____ Date of Leave: _____

Workshop / Prof. _____ *Personal _____ *EPL_____ Planned Medical / Sick _____

Field Trip _____ Vacation _____ *Earned Paid Leave/Personal Days Per negotiated contract.

Substitute Needed? No _____ Yes _____ If yes, when? _____

Employee Signature: _____ Today's Date: _____

Principal Recommendation: Approve _____ Deny _____

Principal signature: _____ Date:_____

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Projected Expense Requisition for Workshop / Professional Development Information

Location: _____

Participation Purpose:_____

Workshop Registration / Professional Development Fee: $ _____

Check made out to: _____

Billing Address: _____

Lodging: $ _____ **Unless otherwise approved, attendee pays for lodging expenses and is reimbursed upon return.*

Meals: $ _____

Other: $_____ Explanation _____

Mileage: _____ miles @ Standard IRS Rate (01/01/25) of $.70 per mile = $_____

Total Projected Expenses $ _____

Budget Accounts to Charge: # _____

_____

Can this be paid with grant funds? _____ Grant: _____

Director of Prof. Dev. Signature (if workshop): _____Date: _____

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Business Manager's Recommendation: Approve _____ Deny _____

Business Manager's Signature: _____ Date: _____

Superintendent's Recommendation: Approve _____ Deny _____

Superintendent's Signature: _____ Date: _____

(PO not to be completed until approved by Superintendent)

Part 2
To Be Returned for Payment

Actual Expense Requisition

Workshop Registration / Professional Development Fee: $ _____

Check payable to: _____

Billing Address: _____

Lodging: $ _____ **Unless otherwise approved, attendee pays for lodging expenses and is reimbursed upon return.*

Meals: $ _____ Other $_____ Explanation _____

Mileage: _____ miles @ Standard IRS Rate (01/01/25) of $.70 per mile = $_____

Total Actual Expenses $ _____
Itemized receipts for all expenses must accompany the reimbursement request.
A Certificate of Attendance must accompany receipts.

Purchase Order # _____

Employee Signature: _____ Date: _____

Principal Signature: _____ Date: _____