

PROFESSIONAL LEAVE REQUEST

Check if Sub is Required _____

Technology Related? _____

Yes _____

No _____

Person requesting leave must complete this form and submit with all documents to be received in the Office of the Superintendent **five (5) days prior to the date of requested leave**. A Professional Leave Request must be completed when attending any meetings or conferences outside the District. If there are no expenses, complete the top section, input \$0.00 in the total expenditure blank, and complete the signature portion of the form.

Items Required for Approval

- ___ 1.) Attach documents (ie: registration form; e-mail, correspondence or brochure about conference; online directions printout with mileage)
- ___ 2.) Indicate Remittance Code: DP (Direct Pay Vendor); AP (Advance Payment [Out-of-State]); ER (Employee Reimbursement)
- ___ 3.) Complete Fund Account Number at bottom of Form
- ___ 4.) Required Signatures

Employee Information

Conference Information

Name: _____

Title: _____

School/
Location: _____

Location: _____

Dates Attending: _____
(include all dates you will be out - including travel)

Reason for Attending: _____

EXPENDITURES REQUESTED

Total Cost of Trip

Remittance Code

Amount to reimburse to employee

For current mileage reimbursement rates - visit <https://www.dfa.ms.gov/travel>

See #2 above

Registration Fees: *(Attach copy of completed registration form)* \$ _____ \$ _____
(Online directions with mileage printout must be attached)

Mileage: _____ @ _____ = \$ _____ \$ _____
(miles traveled) (cents per mile)

Airfare: _____ \$ _____ \$ _____
(Name of Airline; attach confirmation printout)

Incidentals: _____ \$ _____ \$ _____
(Attach Itemized statement)

Hotel: _____ *(must bring back a \$0 balance receipt from hotel)*

Confirmation #: _____
_____ @ _____ = \$ _____ \$ _____
(# of nights) (cost per night)

Share room with: _____

Meals: (Only overnight travel - no receipts needed) The meal reimbursement worksheet can be located on the district website www.pearlk12.com - District > Departments > Business & Finance > Forms. In-state reimbursement is \$63/day. For out-of-state rates visit www.dfa.ms.gov/meal-reimbursement.

(Individual Meal Allowance Reimbursement Worksheet must accompany this form.)

Total from Individual Meal Allowance Reimbursement Worksheet \$ _____

Total Expenditures \$ _____ \$ _____

1 _____ Date
Employee Signature

3 _____ Date
Superintendent's Administrative Assistant Signature

2 _____ Date
Principal/Director/Supervisor Signature

4 _____ Date
Staff Development Coordinator Signature

_____ Amount
Fund/ Line Item (See building Secretary)

5 _____ Date
Finance Office Signature

_____ Amount
Fund/Line Item (See building Secretary)

6 _____ Date
Superintendent Signature