

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 _____
Employee Signature Date

3 _____
Superintendent's Administrative Assistant Signature Date

2 _____
Principal/Director/Supervisor Signature Date

4 _____
Staff Development Coordinator Signature Date

Fund/ Line Item (See building Secretary) Amount

5 _____
Finance Office Signature Date

Fund/Line Item (See building Secretary) Amount

6 _____
Superintendent Signature Date