

REFUGIO INDEPENDENT SCHOOL DISTRICT

REQUEST FOR PROFESSIONAL OR PERSONAL LEAVE

Note: A Travel Reimbursement Request form shall accompany each "Request for Professional Leave" in which reimbursement is requested for meals, mileage, lodging, etc.

Date of Request _____

1. Person or group requesting leave _____

2. Reason for Request:

_____ PROFESSIONAL TRAVEL (Attach Travel Reimbursement Request)

Title or Description of Professional Training

/Workshop _____

Location of Event _____

Means of Transportation _____

Benefit to Employee _____

Benefit to RISD _____

_____ PERSONAL LEAVE _____ No. of Days Previously Used _____

_____ OTHER _____

3. Is item budgeted? Yes _____ No _____

4. Date(s) of leave _____ Total No. of Days of Leave _____ Departure time _____

5. Estimated Costs of Travel _____
(Membership dues of individuals are to be paid by individual.)

Signature

6. Approval or Disapproval with qualification notes:

APPROVAL _____ (See note) _____ DISAPPROVAL _____ (See note) _____

Principal Date Superintendent Date

7. NOTES:

A. _____

B. _____

C. _____

8. COMMENTS: Request for expenses must be requested on purchase order with a copy of this approved travel request.

9. You may be requested to provide a written and/or oral summary of the professional growth obtained upon return.

Copy to: Superintendent
Principal
Person making request