TROY SCHOOL DISTRICT #287

EMPLOYEE LEAVE AND/OR TRAVEL REQUEST

PLEASE PRINT - - PRESS HARD

(NOTE: Final reports are due ASAP after the event, but by the 15th. Corrections must be requested at District Office within one month)

NAME _____ LEAVE AMOUNT: _____ hours
LAST FIRST M.I.

LEAVE DATE(S) (and times if other than full days): _____

Type of leave requested: ☐ Sick Leave ☐ Personal Leave ☐ Vacation ☐ Leave Without Pay

Type of leave requested: ☐ Bereavement ☐ Comp. Time ☐ Other _____
Description:

Type of leave requested: ☐ Professional ☐ Bus trip with Students (Submit Bus Trip Request Form) ☐ School Responsibilities

Event & Sponsor, etc. _____

Location _____ Event Date(s) and Times _____

Mode of Travel: ☐ School Bus ☐ Personal Car ☐ Carpool ☐ Air ☐ Other:_____

Suggested Substitute_____ Has substitute been tentatively scheduled? ☐ Yes ☐ No

Funding Requested:	Estimated Cost	Description	Actual Reimbursable Amount
Transportation	$_____	Actual personal car miles:_____	$_____
per diem ($1/hour)	$_____	Actual per diem or actual meal costs (with receipts)	$_____
Other travel expenses	$_____		$_____ **
Event Registration	$_____ *		$_____ **
Lodging	$_____ *	Planned dates: _____	$_____ **
Other Expenses	$_____		$_____ **
TOTAL	$_____		$_____

*Advance payment by Purchase Order must be specifically requested two weeks prior. ***attach receipts*

List any special funding source:_____

	INITIAL REQUEST & APPROVALS Signature	Date	REIMBURSEMENT REQUEST & APPROVALS Signature	Date
Employee	_____		_____	
Budget Code:	_____		_____	
Supervisor	_____		_____	
Fund Admin.	_____		_____	
Superintendent	_____		_____	

EMPLOYEE: E-mail this form to your Supervisor for approval. This form is available at www.sd287.k12.id.us