

Geneva City Board of Education
Workshop/Professional Leave Travel Authorization Request Form

Name: _____ **Grade/Subject** _____

I feel that my attendance at the meeting described below will aid both my performance and the school system, therefore, I request permission to attend.

Title of Session: _____

Date of Session: _____

Sponsored by: _____

Location: _____

Reason I believe this session will be a benefit to the school system and me:

Information gained will be shared in the following way(s):

☐ Faculty Meeting

☐ Team Meeting

☐ Handouts to staff

☐ In-Service Program

☐ Departmental Meeting

☐ Other (explain)

Signature of Employee

Date

For reimbursement purposes you must obtain **itemized** receipts for all applicable expenditures

Estimated Reimbursement:

Registration/Fees: \$ _____

Transportation: (Reimbursed at \$.76) \$ _____

Lodging: \$ _____

Meals: \$ _____

Total Estimated Cost: \$ _____

☐ No Expenses Involved

☐ Substitute Needed

☐ No Substitute Needed

Reimbursement will be paid by: _____

Signature of Principal or Coordinator

Date

Signature of Superintendent

Date