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 $.70 $ _____
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*