

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 School Responsibilities
(Submit Bus Trip Request Form)

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

<u>Funding Requested:</u>	<u>Estimated Cost</u>	<u>Description</u>	<u>Actual Reimbursable Amount</u>
Transportation	\$ _____	Actual personal car miles: _____	\$ _____
Per Diem	\$ _____	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: _____

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 [http://www.troy.k12.il.us](#)