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
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)
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 \$ 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. List any special funding source: **attach receipts
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 troysd287.org/employeeforms