

**SHERIDAN SCHOOL DISTRICT NO. 5
PROFESSIONAL LEAVE TRAVEL REQUEST**

Name : _____

Requested leave dates: _____ Entered in ReadySub: **YES/NO**

Date & Time of Return to Work: _____

I certify that I have sufficient accrued leave to cover the period of absence or otherwise am eligible for a grant of leave, and the leave is in accordance with the Collective Bargaining Agreement/District Policy.

Employee Signature: _____ Date: _____

*** PROFESSIONAL LEAVE REQUEST: Include additional information, attach registration/itinerary**

*RECEIPTS FOR ALL CREDIT CARD PURCHASES AND PROOF OF REGISTRATION MUST BE TURNED INTO THE OFFICE UPON RETURN
(Meals provided as part of the conference/event are not included.)

Destination: _____

Purpose of travel/reason for attendance: _____

MEALS:
Breakfast _____
Lunch _____
Dinner _____
Total #: _____

LODGING:
Nights: _____
Cost/Night: _____
CC: _____

MILEAGE:
District Vehicle: YES / NO
Miles: _____
(Personal vehicle=state mileage rate)

Administrator Signature: _____ Date Approved: _____

Date Denied: _____

The District will pay the following items: MEALS MILEAGE REGISTRATION LODGING

MEALS TOTAL \$ _____	LODGING TOTAL \$ _____	MILEAGE TOTAL \$ _____
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GRAND TOTAL: _____ Pd: **CHECK/CR CARD** Warrant: _____
Date: _____

FOR OFFICE USE ONLY