

# Chippewa Valley Schools Request for Leave to Attend Professional Activity

revised 3/17/09

Select Position \_\_\_\_\_

Name \_\_\_\_\_ Work Phone Ext \_\_\_\_\_ Employee # \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade/Subject \_\_\_\_\_

Name/Nature of Activity \_\_\_\_\_

Location of Activity \_\_\_\_\_ Date(s) of Activity \_\_\_\_\_

Substitute Required:    Yes        No        Number of Days        Beginning Date for sub: \_\_\_\_\_

Substitute Required?    Full Day        ½ Day A.M.        ½ Day P.M.

Grant Funds Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Grant: _____
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**\*ESTIMATED COST OF ACTIVITY: (Submit 2 weeks prior to activity)**

Registration & Official Banquet** _____	A. \$ _____
Substitute: \$100 per day, \$65/ ½ Day _____	B. \$ _____
Lodging:** Max \$150 per Night _____	C. \$ _____
Meals:** Overnight Only – Max \$31/Day _____	D. \$ _____
Transportation:** Include mileage map _____	E. \$ _____
Other:** _____	F. \$ _____

--OFFICE USE ONLY-- ACCOUNT TO BE CHARGED:	
BLDG. ASN	CENTRAL OFFICE ASN
A.	A.
B.	B.
C.	C.
D.	D.
E.	E.
F.	F.

**TOTAL ESTIMATED COST:** \_\_\_\_\_

## School Business Substitute Teacher Assigned AFTER Approval of this Form

- \* Estimated costs must be submitted and approved prior to registration.
- \*\* Please submit completed "Request for Reimbursement" (below) with original receipts after conference. Reimbursement based on approved per diem and actual transportation costs. (Administrative Regulation No. 4131.1)

Approved [ ] Disapproved [ ]

Principal/Supervisor \_\_\_\_\_ (Signed) \_\_\_\_\_ (Date)    Comment: \_\_\_\_\_

Approved [ ] Disapproved [ ]

Administration Designee \_\_\_\_\_ (Signed) \_\_\_\_\_ (Date)    Comment: \_\_\_\_\_

### COMPLETE AFTER CONFERENCE/PROFESSIONAL ACTIVITY (Vendor # Required Above)

**REQUEST FOR REIMBURSEMENT:** (Attach additional comments, if necessary)

**NOTE: Attach supporting receipts--"ORIGINALS ONLY"**

Accounts Payable Use Only:

Registration/Official Banquet.....	\$ _____	
Lodging.....	\$ _____	
Meals.....	\$ _____	
Transportation: ___ miles @ _____	\$ _____	
Commercial Transportation.....	\$ _____	
Other.....	\$ _____	
<b>Total Expenses.....</b>	<b>\$ _____</b>	
<b>Amount Due to Traveler.....</b>	<b>\$ _____</b>	

Certified Correct: \_\_\_\_\_  
(Traveler's Signature and Date)

Approved: \_\_\_\_\_ (Principal or Dept. Supervisor)    \_\_\_\_\_ (Date)    \_\_\_\_\_ (Administration Designee)    \_\_\_\_\_ (Date)