

# Lancaster County Public Schools

*“Learning Today, Leading Tomorrow”*

## PROFESSIONAL LEAVE REQUEST/VERIFICATION FORM

Employee Name		School/Dept	
Title or Description of Activity			
Location			
County Vehicle Requested	Choose an item.		
I am not requesting a county vehicle and understand I am not eligible for mileage reimbursement. Initial Here			

Number of Days Requested		Dates	
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<i>Expense</i>	<i>#days</i>	<i>cost/day</i>
<i>Total Cost</i>		
Registration		
Lodging		
Meals Maximums* (\$10breakfast, \$15lunch, \$20dinner)		
Tolls (if applicable)		
**Mileage (\$.545/mile) _____ miles to event x 2 for return trip = _____ mi.		
<b>Total (*Refer to Employee Expense and Reimbursement Procedure for Qualifying Expenses)</b>		

\*\*If grant funding cannot support the professional leave request or mileage is not reimbursed by the state a county car may be available.

Funding Source (Name/Code)	Amount	Funding Manager
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- Form must be attached to the professional leave request in AESOP
- Attach details of the professional event such as brochure, activity, schedule, etc.