

U. S. D. 379 ABSENCE/EXPENDITURE REQUEST
All participants must register themselves for professional conferences.


I _____ request absence from my contractual duties on _____
(Please Print Name) Circle/Choose from drop-down 1/2 DAY (AM or PM) OR (Whole day)

Hours (Classified Only) _____

Name and Place of Activity _____

_____ Sick Family (Out of District Certified ONLY) Building _____

_____ Sick Self (Out of District Certified ONLY)  **CIRCLE ONE or Choose One from drop-down**
Certified / Classified / TLEC

 **Note:** Certified and Classified TLEC employees choose TLEC

_____ Bereavement leave – **Explanation**

_____ District Legal leave – **Explanation**

_____ Jury duty – **Attach Summons**

_____ Professional leave – Involving students

_____ Professional leave – District Team meetings (curriculum, tech, PDC, etc.)

_____ Professional leave – Inservices, Conferences, Workshops: **Must be approved 10 school days prior to attending.**
NOTE: All participants must register themselves for professional conferences. A copy of cancelled registration check should accompany a claim voucher for reimbursement. Receipts should accompany claim voucher for reimbursement of expenses. Registration fees can be paid by U.S. D. 379 if registration form is submitted with a requisition on or before the 25th of the month prior to the Board of Education meeting. The registration will be paid the date of the board meeting.

_____ Vacation (**12 month employees only**)

_____ Personal leave (**See negotiated agreement**)

_____ Supplemental leave (See negotiated agreement – full pay deduct) – **Reason**

_____ Association leave (See negotiated agreement for specific description) – **Reason**

Expenses to be reimbursed and/or paid by U.S.D. #379:

Registration: \$ _____

Travel/Mileage: # of miles \$ _____ (round trip)

Meals: \$11.25, \$15.00, \$23.50 \$ _____

Lodging: \$ _____

Professional Purchase: \$ _____

Substitute Teacher: _____ No _____ Yes (1/2 day AM/PM) (Whole day)

CIRCLE ONE or Choose one from drop-down

Signature _____ Date _____ Confirmation # _____

ADMINISTRATOR USE ONLY

Absence/Activity to be paid by – Building Inservice Fund _____ (Must have I.D.P. on file)

_____ Title I _____ TLEC _____ Vocational _____ Coaching _____ Other _____

_____ Approved _____ Disapproved _____ Comments: _____

Fund: _____ Sub Fund: _____

Date _____ Administrator's Signature _____

DISTRICT OFFICE USE ONLY

_____ Approve _____ Disapproved _____ Comments: _____

Date _____ Superintendent's Signature _____

**CLAY COUNTY UNIFIED SCHOOLS
REQUEST FOR TRANSPORTATION VEHICLE**

Date _____

Request is hereby made for the use of a school vehicle to transport

(Please be sure to note times as a.m. or p.m. by choosing one or the other in the drop-down).

_____ (no. of students) and/or

_____ (no. of adults) on

_____ (date) at

_____ a.m./p.m. (time) for a trip to

_____ for the purpose of _____

and return at _____ a.m./p.m. (time) on _____ (date).

Vehicle is to be picked up at the bus garage at _____ a.m./p.m. on _____ (date)

--other arrangements can be made. Final arrangements for receiving and returning the vehicle will be made by the Transportation Supervisor and the requesting party.

Driver (is) (is not) requested.

IMPORTANT The bus barn is requesting a schedule & roster be attached to pink sheet for field trips/activities. Please have a roster for each bus/vehicle, include student, parent, teacher, aid and para names. Any information the venue sends about parking or driving directions would be helpful ahead of time.

(Requesting Party)

(Phone Number)

Route: Principal – District Office – Transportation Supervisor – Requesting Party

Fund: _____

Recommendation: Yes _____ No _____
Principal _____

Recommendation: Yes _____ No _____
District Office _____

*Vehicle assigned _____

Date: _____
(Bus Supervisor)

NOTE: All requests other than scheduled events on school calendar should be made one (1) week in advance of the scheduled trip.