U. S. D. 379 ABSENCE/EXPENDITURE REQUEST

**All participants must register themselves for professional conferences.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| I |  | | | | | | | | | | | | request absence from my contractual duties on | | | | | | | | | | | | | | | | | | | | |  | | |
|  | (Please Print Name) | | | | | | | | | | | | Circle/Choose from drop-down | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Hours (**Classified Only**) | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Place of Activity | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | Sick Family **(Out of District Certified ONLY)** | | | | | | | | | | | | | | | **Building** | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | **CIRCLE ONE or Choose One from drop-down**  **Note:** Certified and Classified TLEC employees choose TLEC | | | | | | | | | | | | | | | | | |
|  | |  | | Sick Self **(Out of District Certified ONLY)** | | | | | | | | | | | | | | |
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|  | |  | | 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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 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 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | CIRCLE ONE or Choose one from drop-down | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | | | | Date | | | | |  | | | | | | **Confirmation #** | | | | | | |  |
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| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | | |  | | | | | | | | | | | | |
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| Fund: | | |  | | | | | | | | | | | | |  | | | | | Sub Fund: | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | |  | | | | | Administrator’s Signature | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **DISTRICT OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Approve | | | | |  | | | Disapproved | | | | | | Comments: | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Date | |  | | | | | Superintendent’s Signature | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |

# CLAY COUNTY UNIFIED SCHOOLS

**REQUEST FOR TRANSPORTATION VEHICLE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | |  | | | | | | | | | | 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 | | | | | | | |
|  | | | | | | | (time) for a trip to | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | for the purpose of | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| and return at | | |  | | | | | | | | (time) on | | | | | | | |  | | | | | | (date). | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle is to be picked up at the bus garage at | | | | | | | | | | | | | | | | |  | | | | | | | 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  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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |