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  |
|  |
|  | Hours (**Classified Only**) |       |
|  |
| Name and Place of Activity |       |
|  |
|   |  | 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)** |
|  |
|   |  | 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  |
|  | 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 |
|       |  (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 |
|  |
| 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. |