

LEAVE REQUEST

Parsons District Schools - USD 503

Name _____ Date _____

School _____ Position _____

Leave Requested		
_____ Professional	_____ Coaching	_____ Field Trip Sponsor
_____ Court/Jury Duty	_____ Exception to Policy to Use Paid Time Off (PTO)	
_____ Association (KNEA Convention)		
Brief Description _____		
Dates Requested From _____ Through _____		
_____ Full Day	_____ AM Only	_____ PM Only
Employee's Signature _____		

Substitute Needed _____ Yes _____ No _____	Date Forwarded _____
Number of Days Needed _____	
Time: From _____ to _____ o'clock	Principal _____
Comments _____	

PROFESSIONAL DEVELOPMENT REQUIRES PRIOR APPROVAL. Employees are responsible for registration. If a purchase order or District credit card are required please contact the District Office once your leave is approved. Submit an expense voucher along with receipts to the District Office for reimbursement.

Complete This Section For Professional Leave Only	
\$ _____ Lodging	Estimated Total Reimbursement \$ _____
\$ _____ Mileage	
\$ _____ Meals	Advance Expenses Requested \$ _____
\$ _____ Registration	(Cash advance only in special circumstances)
<p>Employees are expected to pay expenses - then submit an expense voucher for reimbursement. Expenses must be itemized (receipts, invoices, etc.) and attached to an expense voucher at end of trip. [\$25 per day meal reimbursement/\$30 out-of-state] A credit card receipt is NOT itemized.</p>	

_____ Date Approved	_____ Date Disapproved
Comments _____	

Superintendent _____	Revised 9-25-19