



**ABERDEEN SCHOOL DISTRICT**

**POLICIES AND REGULATIONS**

**NEPN Code: DKC-E**

**REQUEST FOR PROFESSIONAL LEAVE**

Aberdeen School District 6-1

**Section 1**

*For Employee Use*

Name: \_\_\_\_\_ Building: \_\_\_\_\_ # of Days Requested: \_\_\_\_\_

Date(s) of Leave: \_\_\_\_\_ Location of Activity: \_\_\_\_\_

Department: \_\_\_\_\_

Title/Description of Activity: \_\_\_\_\_

**Estimated Expenses: "Amount Requested" MUST be completed.**

	<b>Amount Requested</b>	<b>*ACTION</b>	<b>Budget Code</b>	<b>Amount Paid</b>	<b>Date</b>
Registration					
Mileage					
Airfare					
Lodging					
Meals					
Other					
<b>Total</b>					
	<i>Employee Use</i>		<i>Administrator use</i>		<i>Finance Office Use</i>

**\* ACTION: Direct Billing, (need to fill out Requisition), Reimbursement (fill out voucher), Pre Payment (need to fill out voucher), or PR for Personal Responsibility. Requisition or voucher must accompany this form to receive PO or check in a timely manner. If Action column is blank personal responsibility will be assumed.**

**\* Will you receive a stipend for this activity? Y N If so, what is the amount? \_\_\_\_\_**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 2**

*For Building Administrator Use*

Special Instructions \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 3**

*For District Administrator Use*

District Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_