

**SCHOOL ADMINISTRATIVE UNIT 18
FRANKLIN SCHOOL DISTRICT**

PROFESSIONAL APPROVAL/LEAVE REQUEST/REIMBURSEMENT
(complete at least one week prior to requested date)

#1

Name: _____ School: _____

Activity Date(s): _____

Personal Day (10.5) _____ Military Leave (10.7) _____ Jury Duty (10.8) _____ Military Leave (10.9) _____

Funeral Leave (10.10) _____ Professional Day (10.12) _____ Family Medical Leave _____ Other _____

Activity (circle): Workshop Course (7.10) Other (is activity part of staff development plan yes/no)

Workshop/Course Name: _____

(Note: attach back-up – course description/outline/standard/etc.)

Provider Name: _____ Provider Address: _____

Registration: \$ _____ Is sub needed? Yes No _____

Tuition: \$ _____

Mileage: \$ _____

Other: \$ _____

It is agreed that the use of leave days will be confined to legitimate purposes provided in the collective bargaining agreement (10.1). All requests for reimbursement will be necessary and reasonable and accompanied by original itemized receipts. Reimbursement for alcohol is not allowed. I understand any non-refundable costs paid for in advance by the District will be my responsibility should I cancel the workshop for non work related reasons. I will submit a certificate of attendance and complete a workshop evaluation upon my return.

Total \$ _____ Teacher Signature: _____ Date: _____

#2

Approved by: _____ Date: _____
Principal/Administrator

Account #/Grant _____ (required in order to process)

#3

Bookkeeper: _____

Approved by: _____ Date: _____
Business Administrator/Grant Manager

Approved by: _____ Date: _____
Superintendent

Once approved, a purchase order should be entered at the building level for district funds.

PO Registration _____ PO Travel _____ PO Other _____

PROCESS FOR COMPLETING THE PROFESSIONAL APPROVAL FORM WHEN ATTENDING A WORKSHOP

- **Section #1** - As soon as possible, but *at least* one week prior to workshop attendance, staff member completes Professional Approval/Leave Request/Reimbursement Form and forwards to principal/administrator. Only requested amounts will be eligible for reimbursement.
- **Section # 2** - Principal/administrator completes and includes the district account number or the grant to be charged and forwards to the SAU office. Do not leave blank and do not guess – there are several grant sources that pay for professional development (DINI, SINI, SIG, Title IIA, RLIS, REAP).
- **Section # 3** - Bookkeeper will record leave in Budgetsense, Business Administrator/Grant Manager will approve budget, Superintendent will give final approval.
- Copies of the form are returned to the school and staff member
 - If a district expense, requisitions will be entered at the building level
 - If a grant expense, requisitions will be entered at the SAU. A copy of the workshop PO will be sent to the staff member and it is **his/her responsibility to register indicating the PO number on the registration. Do not register until a PO is in hand.** Upon completion, a copy of certificate of attendance should be sent to Cathy Viau. If mileage reimbursement is approved, a PO will be processed using the current district rate for mileage from SAU/school to workshop site and sent to the staff member. A copy of PO should be attached to the request for reimbursement.

As you can see, in the best of situations the above process will take several days. Please leave enough lead time to complete all the steps and remember that until a PO is processed, the expenditure is not approved.