

HILLSBORO CITY SCHOOLS REQUEST FOR PROFESSIONAL LEAVE

This form must be submitted to the building administrator at least **ten (10)** days prior to the date of the professional development.

Name _____ Date of Application _____

School/Department: _____ Position: _____

Attendance requested by? Staff Member ____; Administrator ____; Date(s) of Meeting: _____

Meeting Title: _____

Purpose of Meeting: _____

Location: _____; Number of Days: _____; Substitute required: Yes: No

Registration Fee: \$ _____ (ATTACH REGISTRATION FORM) Registration Deadline _____

Travel: _____ miles are for the total trip. (____ One Way / ____ Round Trip) **ATTACH "MAP QUEST" TO THIS FORM.**

Mileage will be paid to only one staff member if more than one is attending the same meeting unless prior approval is received.

Parking: \$ _____ (estimate) Must submit an original receipt for reimbursement

Lodging: \$ _____ (estimate) The staff member will estimate room cost, then submit the form for approval.

After approval contact accounts payable (Central Office) to arrange reservations.

Meals \$ _____ Reimbursed only if the meeting requires you to stay overnight. \$15 per meal/ 30 per day.

Itemized receipts must be returned to the treasurer for reimbursement.

Staff Member Signature: _____ Date: _____

Principal/Supervisor: _____ Approved: Yes No Date: _____

Coordinator: _____ Fund: _____ Date: _____

Superintendent: _____ Approved: Yes No Date: _____

The following steps must be followed in order to have Professional Development Processed

- Step 1 PD form needs to be approved by your Building Administrator.
- Step 2 PD form must be approved by Superintendent/Central Office
- Step 3 After you receive your approved PD form, put your professional leave in KIOSK.
- Step 4 Register yourself for your Professional Development.
 - a. If payment for PD is needed, a requisition must be completed by your Secretary.
 - b. If payment for lodging is needed, contact Accounts Payable/Central Office.
- Step 5 After PD is completed;
 - a. Certificate of Attendance must be sent to Personnel Director.
 - b. For mileage reimbursement see attached page
 - c. All original receipts must be sent to CO.

Registration Complete PO# _____

Hotel Complete PO# _____

Travel/Meals Req PO# _____

Cert. Of Attendance

For CO Office Use Only!

Registration cost \$ _____

Mileage cost \$ _____

Parking cost \$ _____

Lodging cost \$ _____

Meals cost \$ _____

Total PD cost: \$ _____

REQUEST FOR MEETING ATTENDANCE REIMBURSEMENT

Please fill this form out AFTER attending your Professional Leave

Staffs Name _____

Date of Meeting _____

Name of Meeting Attended _____

Reimbursement Requested:

Mileage _____

Other: (if approved) _____

Attach the following with this form:

MapQuest (if you did not attach it to your PD form)

All original receipts

Certificate of Attendance

Please return to the District Office. Reimbursement for meeting attendance is paid through Direct Deposit.

Employee Signature

Date