

**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) You cannot register until you are approved by CO.
If there is a registration cost, you cannot register until you have received a PO#.

Please See Step 4!!!! Also, please note these items are NOT guaranteed until approved by the Superintendent.

Travel: _____ miles are for the total trip. (____ One Way / ____ Round Trip) **ATTACH "MAP QUEST" TO THIS FORM.**
Mileage will be paid to only to one staff member if more than one staff member is attending the same meeting, unless prior approved 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, staff member will arrange and pay for his/her 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 PD when you receive a PO#. Any other reservations and/or expenses, approved on your PD form, will be paid by you upfront. Reimbursed when receipts are turned in.
(Payment for all reservations is your responsibility! CO Secretary will create a requisition to reimburse you when you turn in ALL of your itemized receipts.
- Step 5 After PD is completed; Please send the following to CO Secretary.
 - a. Certificate of Attendance
 - b. All original receipts (Itemized)
 - c. Mileage reimbursement (see attached sheet)
 - d. Receipts, Certificate, mileage, must be turned in to CO **within 30 days** of PD or the PO will be voided and you will not be reimbursed.

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 (Itemized receipts)

Certificate of Attendance

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

Employee Signature

Date