

PROFESSIONAL LEAVE / TRAVEL REQUEST FORM

(Use only for out-of-parish trips or when there is a cost not covered by the school)

Date Submitted _____
 (form must be submitted one month in advance of travel)

Name _____ **School/Work Location** _____

Position _____ **Date(s) of Travel** _____

Destination _____
 (City) _____ (State)

Purpose _____
 Name of Event – Please attach Agenda/Documentation

Benefit to District/School _____

____ **Yes** A substitute will be used and paid from _____ Fund.
 (Appropriate staff initial to approve funding from your budget. If other than General Fund, school must report in comment line on teacher absence screen when reporting absence).

____ **No** substitute will be used.

Will a rental car be requested for this trip? ____ **Yes*** ____ **No**

*If yes, complete SC-1 Request for Staff Car, Rental, and Mileage Reimbursement online at <https://tinyurl.com/SC-1-CPSB-Travel> or on Caddo Website.

Will there be a cost for travel? (If so, complete Estimated Cost)

____ **Yes** Funding Source _____

____ **No** (If General Fund, bookkeepers please list OrgKey and Object)

Estimated Cost: Hotel _____ Mileage _____
 Airfare _____ Meals _____
 Registration _____ Taxi-Uber-Shuttle _____
 Other _____ Identify _____
TOTAL: _____ **(When travel expense voucher is submitted, attach a copy of this form)**

	Approved	Not Approved	Signature / Date
Immediate Supervisor			
Program Director (If grant funded)			
Director			
Other			
Chief Academic Officer/Chief Financial Officer Chief Operations Officer/Chief Human Resource Officer			
Superintendent			