

## 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 _____
<b>TOTAL:</b> _____	<b>(When travel expense voucher is submitted, attach a copy of this form)</b>

	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			