

## 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 the SC-1 Request for Staff Car and Use of Personal Vehicle Reimbursement online [HERE](#) or on Caddo Transportation Website. Use this [LINK](#) if you are a first time user.

**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)			
Executive Director of School Performance			
Other			
Chief Academic Officer/Chief Financial Officer Chief Operations Officer/Chief Human Resource Officer			
Superintendent			