

ELIDA LOCAL SCHOOLS

REQUEST FOR PERMISSION TO ATTEND PROFESSIONAL MEETING

This is my formal request to be absent from my regular work at school to attend the

(Name of professional meeting, conference, workshop, convention, clinic, visitation, etc.)

At _____ on the following dates and days of the week:
(Location)

Major interest in attending this meeting: _____

Substitute will be needed for the following days of week and dates:

ESTIMATE OF EXPENSES: ****ALL ANTICIPATED EXPENSES SHOULD BE LISTED****

Mileage @ .52¢ per mile Transportation	_____
Registration Fee	_____
Hotel/Motel	_____
Parking	_____
Meals up to \$25/day starting on Day #2	_____
Substitute @ \$90.00/day	_____
Other, etc. (list)	_____

Total Estimated Expenses Related to This Activity _____

FUND CODE: _____

_____ EMPLOYEE PRINTED NAME	_____ Employee Signature	_____ (Date)
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FOR OFFICE USE ONLY:

_____ (Athletic Director if Applicable)	_____ Date	Approve _____	Disapprove _____
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_____ (Principal)	_____ Date	Approve _____	Disapprove _____
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_____ (Superintendent)	_____ Date	Approve _____	Disapprove _____
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