

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE

REQUEST TO UTILIZE LEAVE

() Emergency Leave on _____, 20____, to _____, 20____.

() Personal Leave on _____, 20____, for a personal matter that cannot be taken care of either before or after school hours.

() Professional Leave on _____, 20____, to attend:

Name of Conference/Workshop _____

Date(s) of Conference/Workshop _____

Location of Conference/Workshop _____

City

State

Date submitted: _____

Name _____

Address _____

Phone _____

Signature of Staff Member _____

School Name _____

Anticipated costs:

- 1. Transportation \$ _____
- 2. Conference/Workshop Reg. Fee \$ _____
- 3. Lodging \$ _____
- 4. Meals \$ _____
- 5. Other _____ \$ _____
- 6. **TOTAL AMOUNT OF REQUEST**** \$ _____

**Attach any explanation for higher fund amount request than traditionally approved.

Principal's Reaction: _____ approved _____ disapproved	Principal's Signature _____	Date _____
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Director/Asst. Director's reaction:	_____ approved	_____ disapproved	
Maximum of all expenses approved for this conference including registration fees:	_____ approve Professional Leave Only, No expenses		
\$ _____	Director/Asst. Dir Signature _____		Date _____

Travel: When traveling outside of the Cooperative boundaries, mileage will not be paid. Transportation costs will include: the cost of gas (fill up before leaving, fill up on return, and use the last fill up as cost of gas), tolls, and parking garage costs. **SAVE ALL RECEIPTS!!!!**

Conference/Workshop Reg. Fee: The Cooperative will send in registration fees unless not all registration fees are approved. **SAVE ALL RECEIPTS!!!!**

Lodging: You are responsible for making all lodging arrangements. If lodging is to be paid with a purchase order, arrangements must be made with the Central Office. However, you must make the reservation(s). **SAVE ALL RECEIPTS!!!!**