

Zachary Community School Board Professional Leave Funding Request

(Requests must be submitted at least 10 days in advance.)

Employee Name:	
Employee ID #:	
Location:	
Position:	

Request to Attend:		Dates of PD:	
Location:			
Justification:			
School Improvement Goal: (Must be completed for Title funding)			

Expense Funding Source	Estimated Costs		
<input type="checkbox"/> Title _____ <input type="checkbox"/> IDEA <input type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Other _____	Mileage \$ _____ Airfare \$ _____ Parking \$ _____ Baggage Tips \$ _____ Cab/Shuttle \$ _____ Lodging \$ _____ Meals \$ _____ Registration Fees \$ _____ Total \$ _____		
Prepaid Registration Requested	Yes	No	
Advance Requested	Yes	No	Amount \$ _____
Substitute Required	Yes	No	
<i>Note: Original receipts must be submitted with expense report for reimbursement and to settle advances. If any expenses are incurred that do not have prior approval, payment will be the responsibility of the school/principal/individual.</i>			
Approval of funding source for professional leave expenses:		Date:	