PERSONNEL

General Personnel - Expenses

Name: ____________________________ Position & School: ____________________________

Type of Leave: ______ Personal Business ______ Vacation ______ Sick ______ School Business ______ Funeral ______ Bereavement ______ Other (Explain) ______ Staff Development (How is this request consistent with your professional growth plan and/or the School Improvement Plan?) ______

Reason for Leave: ________________________________________________________________

Date/Time for Leave: ____________________________ Destination: ____________________________

Substitute Necessary: ______ No ______ Yes (Times Needed: ______) ______ In-House (Periods: ______) Full Day ______ Half Day

Expenses, if any: (Personal memberships are not reimbursable – all travel expenses need receipts)

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel (School car)</td>
<td></td>
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<tr>
<td>Travel (Personal car)</td>
<td></td>
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<tr>
<td>Travel Other (Specify - train, plane, etc.)</td>
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<tr>
<td>Lodging (# of Days)</td>
<td></td>
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<tr>
<td>Meals</td>
<td></td>
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<tr>
<td>Registration – Paid by Employee</td>
<td></td>
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<tr>
<td>Registration – Pre-paid by District (Attach forms)</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous (Explain)</td>
<td></td>
</tr>
<tr>
<td>TOTAL ESTIMATE</td>
<td></td>
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</tbody>
</table>

SIGNATURE ____________________________ Date ____________

Division Chair/Manager Recommendation
____ Recommended ______ Not Recommended
____ Recommended Under the Following Conditions: __________________________________________

Reason for denial: ________________________________________________________________

SIGNATURE ____________________________ Date ____________

Principal’s Action
____ Approved with compensation (subject to accumulative leave) ______ Personal ______ Vacation ______ Sick
____ Approved with compensation for Professional Reasons/District Business _____ Account Number ______
____ Approved without compensation ______ Not Approved

Reason for denial: ________________________________________________________________

SIGNATURE ____________________________ Date ____________

Administrative Center Action
____ Approved ______ Not Approved

Reason for denial: ________________________________________________________________

SIGNATURE ____________________________ Date ____________

Print a copy for the following:

Administrative Center; Sub Coordinator; Principal; Division Chair; Employee

Adopted 12-20-99