

# BAKER PUBLIC SCHOOLS

## TRAVEL/LEAVE REQUEST

		Date _____
Dates of Event	Title of Event	Place of Event
_____	_____	_____

Total number of school days I will miss to attend this Event \_\_\_\_\_

Brief description of Event and my reason for attendance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EXPENSES REQUESTED:

Auto travel \_\_\_\_\_ miles @ \_\_\_\_\_ = \$ \_\_\_\_\_

Other public conveyance \_\_\_\_\_ \$ \_\_\_\_\_

Per Diem allowance \_\_\_\_\_ days x \_\_\_\_\_ = \$ \_\_\_\_\_

Other expenses (registration fees, ground travel, etc.)  
List separately:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ESTIMATED EXPENSE \$ \_\_\_\_\_

Will you receive renumeration from any other sources toward the expenses listed? (If none, state none.) \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

REQUEST APPROVED \_\_\_\_\_

REQUEST DENIED \_\_\_\_\_

Date \_\_\_\_\_

REASON REQUEST DENIED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Admin. / Conf. \_\_\_\_\_

Principal's Signature \_\_\_\_\_

### LEAVE GRANTED AND CHARGED TO:

Professional Leave \_\_\_\_\_

Jury Witness \_\_\_\_\_

Bereavement Leave \_\_\_\_\_

Sick Leave \_\_\_\_\_

Association Leave \_\_\_\_\_

Extended Leave (deduct

Personal Business \_\_\_\_\_

1/187 contract salary per day

Absence) \_\_\_\_\_

SUBSTITUTE HIRED? [ ] Yes [ ] No