

**GARRETT COUNTY PUBLIC SCHOOLS -- PROFESSIONAL LEAVE AND TRAVEL APPROVAL FORM (Revised 09/25/20)**

To: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_

Principal or Immediate Supervisor:  Support Request  Non Support Initial: \_\_\_\_\_

**Please attach announcement and schedule of meeting to this form.**

On reverse side, briefly note how this meeting will benefit the School Improvement Program. (as appropriate)

NOTES
<i>SUBJECT TO BOARD APPROVAL</i>
_____ YES _____ NO

Title of Meeting:	
Meeting Place:	
Dates and Starting Time:	
Meeting Initiated by/Leader:	
Purpose of Meeting:	
Departure Time and Date:	
Return Time and Date:	

**STAFF TO ATTEND: Please list name and base school of staff planning to attend.**

1. _____	6. _____	11. _____	16. _____
2. _____	7. _____	12. _____	17. _____
3. _____	8. _____	13. _____	18. _____
4. _____	9. _____	14. _____	19. _____
5. _____	10. _____	15. _____	20. _____

**REQUESTED REIMBURSABLE EXPENSES: Please check where appropriate and designate FUNDING SOURCE**

Substitute's Salary: how many x days	Funding Source:
Stipends x days	Funding Source:
Car Rental	Funding Source:
Personal Vehicle: Reason	
Mileage: Gas Reimbursement:	Funding Source:
Travel Expenses (meals, parking, etc.):	Funding Source:
Overnight Accommodations: Name and Location of Hotel: Telephone Number: Approximately Cost/night:	Funding Source:
Other:	Funding Source:

\_\_\_\_ Approval \_\_\_\_ Disapproval SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_