

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. _____	11. _____	21. _____	31. _____	41. _____	51. _____
2. _____	12. _____	22. _____	32. _____	42. _____	52. _____
3. _____	13. _____	23. _____	33. _____	43. _____	53. _____
4. _____	14. _____	24. _____	34. _____	44. _____	54. _____
5. _____	15. _____	25. _____	35. _____	45. _____	55. _____
6. _____	16. _____	26. _____	36. _____	46. _____	56. _____
7. _____	17. _____	27. _____	37. _____	47. _____	57. _____
8. _____	18. _____	28. _____	38. _____	48. _____	58. _____
9. _____	19. _____	29. _____	39. _____	49. _____	59. _____
10. _____	20. _____	30. _____	40. _____	50. _____	60. _____

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: _____