

GADSDEN CITY BOARD OF EDUCATION REQUEST FOR PROFESSIONAL LEAVE

(revised 8/18/15)

PO# _____
(if applicable)

To be submitted to the Superintendent at least **two** weeks prior to participation

Request must also be submitted through AESOP

Employee Type: **CERTIFIED** **SUPPORT** (please circle)

Name of Employee: _____ Home School/Location _____

Event Title: _____

Location of Meeting: _____

Date(s) of Meetings and Travel: _____

Describe the anticipated activity and attach the official notification and/or agenda:

ESTIMATED COST OF MEETING/ACTIVITY:

FUND TO BE CHARGED

Is a substitute to be employed? (circle one) YES NO

Registration Fees: _____

Lodging: _____

Meals: _____

(per diem Breakfast \$8, Lunch \$10, Dinner \$16)

Transportation _____

Mileage: _____

(\$.50 per mile)

Parking: _____

Airline Fare: _____

TOTAL _____

Comments: _____

Enter into AESOP. Provide confirmation number.

Signature of Employee

Confirmation Number

Date

Signature of Principal/Supervisor

Date

Signature of Project/Fund Supervisor (approving expenditure coding)

Date

Signature of Superintendent

Date

NOTE: A copy of the e-mail approval must be attached to the Travel Reimbursement Form.