

# 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.**