# 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.***

_____
Confirmation Number

_____ _____
Signature of Employee 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.**