



Porter Township School Corporation

REQUEST FOR PROFESSIONAL LEAVE

All signed Professional Leave Requests must be received in the Principal's Office 10 days before the professional day is to be taken.

Funding
 Source 1: _____
 Source 2: _____
 Total Approved: _____

Staff Member _____ Building: _____

Type of Meeting: _____

Sponsoring Organization: _____

Date(s): _____ Place of Meeting (City, Site): _____

No. of Days Requiring a Sub: _____ No. of Days Not Requiring a Sub: _____

If the date of leave is a school day and does not require a sub who will be in charge of your classes or activities?

Student Involvement? Yes _____ No _____ Number _____ How? _____

Reimbursement Requested? Yes _____ No _____

1. MEAL ALLOWANCE- \$50.00 MAXIMUM PER DAY / \$30.00 MAXIMUM PER MEAL
2. NO REIMBURSEMENT FOR TIPPING, VALET PARKING, OR ALCOHOLIC BEVERAGES
3. NO REIMBURSEMENT WITHOUT ITEMIZED RECEIPTS

	Expenses Anticipated	Reimbursement Requested	Amount Approved
Mileage			
Lodging			
Meals			
Registration			
Totals			

List previously granted professional leave (this school year) _____

In what capacity will you be participating: _____

Relevance to Professional Assignment: _____

Applicant's Signature _____ Date _____

 Approved _____ Refused _____ Comments: _____

Principal's Signature _____ (Date) _____

Superintendent's Signature _____ (Date) _____