

Superintendent Signature **Date**



Porter Township School Corporation

REQUEST FOR PROFESSIONAL LEAVE

Professional leave requests must be received in the Principal's Office at least 10 days in advance of the professional leave day to be taken.

Staff Member _____ Building _____

Type of Meeting _____ Date(s) _____

Location of Meeting _____

Does your leave require a substitute teacher? ☐ Yes ☐ No If yes, how many days? _____

If you are requesting reimbursement for any costs, you must contact the business office to confirm the availability of funding and list the funding source prior to submitting this form.

Will you be requesting reimbursement? ☐ Yes ☐ No If yes, what is the funding source? _____

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
Registration Fee			
Mileage			
Meals			
Parking			
Lodging			
TOTALS			

Staff Member Signature _____ Date _____

☐ Approved ☐ Denied

Principal Signature _____ Date _____

☐ Approved ☐ Denied

CFO Signature _____ Date _____

☐ Approved ☐ Denied

Superintendent Signature _____ Date _____