

VANCE COUNTY SCHOOLS - PROFESSIONAL LEAVE FORM

Date

ALL APPROVALS MUST BE OBTAINED PRIOR TO THE ACTUAL DATE OF THE PROFESSIONAL LEAVE.

Name Location Position

Complete Title of Activity Sponsoring Organization

(Please attach appropriate descriptive workshop pamphlet, memo, etc., herewith.)

Date(s) of Activity Location of Activity Time(s)

Date and Time of Departure Date and Time of Returning

APPROVED _____ (Principal) _____ (Date) _____ (Supervisor) _____ (Date)

Registration:

Vendor Name

Vendor # _____

Registration Amount

Registration # _____

CENTRAL OFFICE USE ONLY

Lodging*:

Vendor Name

Vendor # _____

Accommodation Amount

Registration # _____

CENTRAL OFFICE USE ONLY

Estimated Personal Reimbursement Expenses*:

Vendor Name

Vendor # _____

Registration

Registration # _____

CENTRAL OFFICE USE ONLY

Meals Bkfst. Lunch Dinner

Lodging* Nights @

2020 IRS Mileage Rate

Vehicle Mileage Miles (Round Trip)

Other Travel (Identify)

Total Estimated Personal Reimbursement Expenses

***REQUIRED if Lodging Rate is in excess of State Per Diem Rate per night (\$75.10 in-state / \$88.70 out-of-state):**

I am requesting higher than per diem lodging because: I feel that my personal safety/security is unattainable within the current allowance.
 This is a high cost area, and I am unable to secure lodging within the current allowance.

Fund Source

APPROVED _____ (Supervisor) _____ (Date)

PAYROLL

Substitute Needed: Yes No Number of Days

Teacher's Substitute Code

BEFORE COMPLETING, PLEASE READ PROFESSIONAL LEAVE INSTRUCTIONS