

**Please Submit to the Superintendent's Office**

**REQUEST FOR ABSENCE FROM SCHOOL • For Conferences, Conventions, or Workshops**

◆ **Requests must be submitted to the Superintendent's Office at least 5 workdays prior to the Board of Education meeting.** ◆

Staff Member: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Event to be Attended: \_\_\_\_\_

Organization Sponsoring: \_\_\_\_\_

Location of Event (Address): \_\_\_\_\_

Specific Days of Absence: \_\_\_\_\_

Reason for Attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROXIMATE COST:**

**Important! Please include back-up documentation for all costs (e.g., printouts showing fees, Mapquest showing mileage, etc.).**

Registration Fee: \$ \_\_\_\_\_

Travel by Car – Total Mileage: \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Travel by Car – Reimbursement (at \$0.31 per mile): \$ \_\_\_\_\_

\*Lodging: \$ \_\_\_\_\_

Travel by Car – Tolls, Parking, etc. (specify \_\_\_\_\_ ): \$ \_\_\_\_\_

Other Applicable Costs: \$ \_\_\_\_\_

Travel by Other Means (specify \_\_\_\_\_ ): \$ \_\_\_\_\_

TOTAL of Above: \$ \_\_\_\_\_

TOTAL Cost of Travel: \$ \_\_\_\_\_

**TOTAL Reimbursement Request: \$**  

**Account Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Staff Member*

*\*Any reimbursement of lodging must be accompanied by letter from Commissioner of Education approving conference waiver.*

\* \* \* \* \*

Principal's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

\* \* \* \* \*

Disposition by Central Office: \_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

Signature of Superintendent/Designee: \_\_\_\_\_