

Fill out form with Black ink only

Hopkins County Board of Education AUTHORIZATION FOR PROFESSIONAL LEAVE FOR ALL PERSONNEL

Name _____ School & Assignment _____

Date(s) of Meeting _____ Location of Meeting _____

Name and/or Title of Meeting _____ Purpose of Meeting _____

Are Students Attending? * YES ___ NO ___ If yes: number of student's _____

Are you a participant in the meeting/activity? YES ___ NO ___ Overnight trip ___ Yes ___ No

If yes, explain: _____

Teacher/Staff expenses paid from: (please list org. code, activity fund, etc. in specified blank)

___ General Fund (specify) _____	___ State Fund (specify) _____
___ School Fund (specify) _____	___ Grant (specify) _____
___ SBDM (specify) _____	___ Federal (specify) _____
___ Voc. Student Supv. (specify) _____	___ Other (specify) _____
___ Vocational Staff Dev. (specify) _____	

Is a substitute required? YES ___ NO ___ If yes, how many days? _____

Food Reimbursed at a per diem of \$35.00 per day (receipts not required) for over night/out of district trips.

Substitute Teacher paid from:

___ General Fund (specify) _____	___ Grant (specify) _____
___ School Allotment (specify) _____	___ Federal (specify) _____
___ State Fund (specify) _____	___ Other (specify) _____

Transportation

___ School Bus ___ Commercial Vehicle ___ Personal Auto Do you have necessary insurance? YES ___ NO ___

Signed _____
(Person making the request)

I hereby certify that it is necessary for the employee named above to make this trip on official business in connection with the duties or position. If travel is other than school bus, I am hereby approving the alternate mode listed

Signed _____
(Principal)

APPROVED

Date _____

NOT APPROVED

Signed _____
(Superintendent's Office)

Revised April, 2001

*Separate Request is required for bus.

**SUBMIT ONE COPY TO THE
PRINCIPAL OR
SUPERINTENDENT TWO
WEEKS PRIOR TO TRIP.**