FAIRPORT HARBOR EXEMPTED VILLAGE SCHOOL DISTRICT
FAIRPORT HARBOR, OHIO 44077

REQUEST FOR PROFESSIONAL LEAVE

Name ____________________________ Date Submitted ________________________

School or Department __________________________ Position ______________________

Name of Meeting: _____________________________________________________________

Meeting Location: __________________________________ Meeting Date ______________

Date(s) of Request of Absence from Duty ____________________ Total __________________

Purpose of Meeting: ___________________________________________________________

ESTIMATE OF EXPENSES TO BE REQUESTED FOR REIMBURSEMENT

TRAVEL: $________ (____ Miles @ ______ ); Meals: $________ Lodging: $________
(____ Nights: @ ______ ); Registration: $________; Other: $________
(Itemize: ________________________________ ); Total Estimate of Expenses: $________

Signature of Employee: __________________________ Principal: ______________________

Approved for ____________ days Absence and $________________________ (Estimate)

Board Approval: ______________________________________________________________
(Submit to Superintendent’s Office in Duplicate - Copy to be returned After Approval)

ACTUAL EXPENSE STATEMENT

RECEIPTS FOR ALL EXPENSES MUST BE ATTACHED

Travel: (____ Miles @ ______ ) $________________

Lodging: $________________

Meals: $________________

Registration: $________________

Other: (Itemize) $________________

Total Request for Reimbursement $________________

Signature of Employee __________________________ Principal ______________________
(Submit Copy to Superintendent’s Office Following Absence)

Superintendent’s Approval for Payment __________________________ Date __________

White Copy: Superintendent Yellow Copy: Treasurer Pink: Teacher