

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 \$ _____

This portion of the form is replaced by the Expense Report form.

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