

Blackford County Schools
Request for Professional Leave Form

Employee Name

Building

Dates thru

of Days Requested

Description of Professional Development Event (e.g. name of conference/workshop, event date and location, etc.)

Please attach copies of supporting information (e.g. registration form, meeting agenda, etc.) to the printed version of this request form.

EXPENSES

BCS may pay for some/all of the following expenses. Expenses not listed/pre-approved will not be covered/reimbursed.

*Incidentals to be reimbursed per BCS Board Policies [F250](#) and [F250-R](#).

		Requested	Approved
Registration Costs (dues should not be included)		<input type="text"/>	<input type="text"/>
Transportation Costs	total # of miles: <input type="text"/> @ \$0.67 =	<input type="text"/>	<input type="text"/>
	<i>*based on directions from Google Maps</i>		
Lodging	# of nights: <input type="text"/> @ <input type="text"/> per night =	<input type="text"/>	<input type="text"/>
Meals	# of breakfasts: <input type="text"/> @ \$13.00 per meal =	<input type="text"/>	<input type="text"/>
	# of lunches: <input type="text"/> @ \$15.00 per meal =	<input type="text"/>	<input type="text"/>
	# of dinners: <input type="text"/> @ \$30.00 per meal =	<input type="text"/>	<input type="text"/>
Miscellaneous Fees (e.g. cab/Uber, flight, parking, etc.)	=	<input type="text"/>	<input type="text"/>
Total of estimated expenses		<input style="border: 2px solid black;" type="text"/>	<input style="border: 2px solid black;" type="text"/>

For reimbursements, please submit a claim form with itemized receipts for pre-approved expenses upon return from PD event.

Recommendation of Principal/Supervisor	Approval of Superintendent
Recommend for approval Yes <input type="text"/> No <input type="text"/>	Approved Yes <input type="text"/> No <input type="text"/>
Substitute required Yes <input type="text"/> Number of days <input type="text"/> No <input type="text"/>	Total Approved <input type="text"/> Account/Fund <input type="text"/>
<hr/> Principal/Supervisor Signature Date	<hr/> Superintendent/Designee Signature Date