

Professional Learning Request Form

This form is for district employees to request approval to attend professional learning opportunities. Please complete all sections thoroughly to ensure your request can be processed efficiently. Your submission will require approval from your Site Administrator and the Assistant Superintendent of Educational Services. All out-of-state professional learning opportunities must be submitted to the Board for approval. Once approved, complete the Travel and Conference form to encumber funds.

Staff Information

Staff Name:

Department/School:

Date of Request:

Request Details

Purpose of Request (e.g., Conference, Workshop, Course)

Dates of Activity

Location

Estimated Cost Breakdown (Registration, Travel, Lodging, etc.)

Substitute required

How will you share your learning upon your return? (e.g., department meeting presentation, PLC session, staff development, create new resources, etc.)

Approval: Site Administrator

Name (Print) _____ Signature _____ Date _____

Approval: C&I Dept (Asst. Supt. Ed. Services)

Name (Print) _____ Signature _____ Date _____

CUTLER-OROSI JOINT UNIFIED SCHOOL DISTRICT

Travel and Conference Form

PART A – PRE APPROVAL – MUST BE COMPLETED PRIOR TO SCHEDULING TRAVEL/CONFERENCE

Name: _____ Date: _____

Position: _____ Site: _____

Conference: _____

Conference Location: _____

Dates of Travel/Conference: _____ From _____ To _____ Days _____

Applicant Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Program Signature _____ Date: _____

ESTIMATED EXPENSES	
Registration Fee:	\$ _____
Hotel:	\$ _____
Meals:	\$ _____
Transportation	\$ _____
If other than personal car, receipts must be attached.	
Mileage - (personal car)	
<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> X \$.70 = \$ _____	
Number of miles Current Rate	
Other:	\$ _____
Total Estimated Expenses:	\$ _____

Funding Source: _____ Must match budget codes listed below.

Fund	Resource	Year	Goal	Function	Object	Site	Local	LCAP	Manager	%

PART B – STATEMENT OF TRAVEL AND EXPENSE FOR REIMBURSEMENT

Form must be completed and submitted to the Business Office within 30 days after travel/conference.

Original, Itemized Receipts Required

Dates →	Day 1:	Day 2:	Day 3:	Day 4:	Day 5:	Totals
Breakfast (Max \$30/meal AND \$74/day + tax and tip)						\$
Lunch (Max \$30/meal AND \$74/day + tax and tip)						\$
Dinner (Max \$30/meal AND \$74/day + tax and tip)						\$
Hotel						\$
Car Rental						\$
Car Parking						\$
Transportation – personal car (@ \$.70/mile)						\$
Transportation – other						\$
Registration						\$
Other (Receipt required with itemized information)						\$

Total Expenses to be Reimbursed to Employee \$

By signing below, I hereby certify that each expenditure submitted for reimbursement constitutes actual and necessary expense paid by me. I further certify that there are no alcoholic beverages or snacks included and that all expenditures are in accordance with District Policy and Administrative regulations.

Applicant Signature: _____ Date: _____	Supervisor Signature: _____ Date: _____
Program Signature: _____ Date: _____	Business Signature: _____ Date: _____