

SEE BACK FOR
INSTRUCTIONS

DOOLY COUNTY SCHOOLS
PROFESSIONAL LEAVE AND EXPENSE REIMBURSEMENT REQUEST
(MUST SUBMIT TO CENTRAL OFFICE FOR PRIOR APPROVAL)

_____ SCHOOL COPY
 _____ EMPLOYEE COPY
 _____ A/P COPY

SECTION A.1 PROFESSIONAL LEAVE REQUEST

WORK LOCATION _____ EMPLOYEE NAME _____

LEAVE DATE(S) _____ TOTAL # HOURS _____

COMPLETE DESCRIPTION OF ACTIVITY _____

EMPLOYEE SIGNATURE _____ DATE _____

SUBSTITUTE REQUIRED? YES _____ NO _____

SECTION B.1 EXPENSE REIMBURSEMENT REQUEST

NOTE: Application for reimbursement of expenses DOES NOT mean approval will be given.

LOCATION OF ACTIVITY _____

NAME OF ACCOMMODATION _____

TOTAL DAYS _____ TOTAL NIGHTS _____

ESTIMATED EXPENSES: PER DAY x # OF DAYS = TOTAL

TRAVEL			
MEALS			
LODGING			
REGISTRATION			
OTHER			

SECTION A.2 IMMEDIATE SUPERVISOR USE ONLY

_____ APPROVED

_____ DISAPPROVED/REASON _____

SUPERVISOR'S SIGNATURE _____ DATE _____

SECTION B.2 CENTRAL OFFICE USE ONLY

_____ APPROVED

_____ DISAPPROVED

_____ PROF. LEARNING TITLE I

_____ TITLE II, PART A

_____ TITLE VI - B

_____ TECH/CAREER/AG

_____ GENERAL FUND

_____ OTHER: _____

SUPT./PROG. COORD. SIGNATURE _____ DATE _____

SECTION A.3 CENTRAL OFFICE USE ONLY

_____ APPROVED

_____ DISAPPROVED

Reason Disapproved _____

_____ REGULAR LEAVE

_____ STAFF DEVELOPMENT

_____ PROF. LEARNING TITLE I

_____ TITLE II, PART A

_____ TITLE VI - B

_____ TECH/CAREER/AG

_____ GENERAL FUND

_____ OTHER: _____

CENTRAL OFFICE AUTHORIZED SIGNATURE _____ DATE _____

NOTE: Approval of your attendance to a specific activity DOES NOT mean approval for reimbursement of expenses incurred. If you are requesting expense reimbursement, please complete Section A.1 and B.1

INSTRUCTIONS FOR COMPLETING PROFESSIONAL LEAVE AND REIMBURSEMENT REQUEST

(1) **SECTION A.1**

This section must be completed and returned to immediate supervisor by the person requesting the professional leave.

(2) **SECTION A.2**

This section must be completed by the immediate supervisor and forwarded to the Central Office.

(3) **SECTION A.3**

Final approval for professional leave will be completed by Central Office Authorized Personnel

(4) **SECTION B.1**

This section must be completed by the applicant if REIMBURSEMENT FOR EXPENSES IS REQUESTED. If reimbursement for expenses is approved, an expense statement form must be completed with receipts, a copy of the approved professional leave form, and a meeting agenda/registration form attached before reimbursement will be made. Request reimbursement only for expenses incurred. (Example: DO NOT request reimbursement for lunch when it is included as a part of the registration fee.)

The Dooly County Board of Education has vehicles available for transportation (TRAVEL). Submit proper vehicle request form to the Central Office.

In order to receive reimbursement for MEALS the activities must exceed thirteen (13) hours.

Allowable expenses are: Mileage (\$.555/mile), Breakfast (\$6.00), Lunch (\$7.00), Dinner (\$15.00). High cost areas (Cobb, Dekalb, Fulton, Gwinnett, Richmond, Glynn, and Chatham counties): Breakfast (\$7.00), Lunch (\$9.00), Dinner (\$20.00).

(5) **SECTION B.2**

If reimbursement for expenses is requested, the Central Office Authorized Personnel will forward this form to the appropriate program director/coordinator for approval.