



Professional Leave/Field Trip Request

EMPLOYEE REQUEST

Employee Name: _____

Group/School: _____

Conference/Training

In-house meeting

Field Trip

_____ Private Vehicle

_____ School bus

Dates: _____

Place: _____

_____ # of students

_____ # of meals

Activity Details/Purpose: _____

COST & FUNDING

Financial Responsibility: School, if so, from what Account: _____

* note: *all* costs are County, if so, what Source(title II/IV, step 7, other): _____

the responsibility of Outside Entity, if so, what Entity: _____

those identified here _____

Contact Name/Phone: _____

Email/Address: _____

Approximate Cost:

Substitute _____

Lodging _____

Mileage _____

Meals _____

Other _____

Bus/Driver _____

FIELD TRIP SPECIFIC INFORMATION

Faculty members: _____

Chaperones: _____

REQUESTOR & SCHOOL APPROVAL

Employee Signature: _____

Date: _____

Nurse Approval (if applicable): _____

Date: _____

Cafeteria Approval (if applicable): _____

Date: _____

Supervisor Signature: _____

Date: _____

COUNTY LEVEL APPROVAL

Transportation Signature: _____

Date: _____

Professional Dev. Director: _____

Date: _____

Treasurer Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____

Board Approval (if out of state) yes no

Date: _____