



TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

REQUEST FOR SHORT TERM PROFESSIONAL LEAVE

DIRECTIONS:

1. Submit this form to Supervisor or Director at least two weeks prior to meeting date (one month for preregistration).
2. Complete all areas of Part A. Indicate N/A if not applicable.
3. If the leave is for professional development other than a professional meeting, please attach a letter explaining the need for the leave.
4. **Attach a copy of the meeting registration to this form.**
5. Prepare a purchase order, attach copy of signed approval to P.O. and process in usual manner.
6. Complete Part C after meeting. Attach to approved purchase order with all receipts.

PART A: REQUEST *(Complete this part, attach meeting information and forward to immediate supervisor/director.)*

Name: _____ Title: _____

Date of Request: _____ Meeting Dates: _____ Days Absent: _____

Type of Request: Category ___I. ___II. *See back of form to determine category.*

Meeting Name: _____

Purpose & Benefit to TCESC/schools: _____

Location _____ Sponsoring Organization _____

Expense Estimate: *(Limits for these items are listed on the reverse of this form.)*

Transportation \$ _____ (Estimated _____ miles x _____ Board mileage rate)

Accommodations \$ _____

Registration \$ _____

Meals \$ _____

Other \$ _____

Estimated Total \$ _____

Is a substitute necessary? Yes No

Substitute Cost *(To be completed by supervisor/director):* _____

PART B: APPROVAL

Approved by _____ Amount Approved \$ _____

Supervisor

Director

Superintendent or Designee

PART C: REIMBURSEMENT *Complete this upon return. Attach purchase order, itemized original receipts and forward to the treasurer for reimbursement.*

Transportation \$ _____ (Actual _____ miles x _____ Board mileage rate)

Accommodations \$ _____

Registration \$ _____

Meals \$ _____

Other \$ _____

Total \$ _____

Reviewed by Treasurer: _____

Original: Superintendent/Designee
Copy Director
Copy Employee

DEFINITIONS & REIMBURSEMENT INFORMATION

CATEGORY I

Reasons:

- Individual is required to attend professional meetings by the superintendent or designee.
- The programs will generate future dollars or in kind service.
- Approved request for participation on state level task force, at the state committee level or a professional meeting.

Reimbursement:

- Full mileage at TCESC approved rate or economy airfare.
- Breakfast, \$5.00; lunch \$7.00; dinner \$18.00. Dinner is not reimbursed unless the conference requires you to stay overnight. The maximum gratuity reimbursement is 15% unless the restaurant requires 18% because of the group size. There is no reimbursement for alcohol.
- Hotel reimbursement at government rate or least expensive accommodations adjacent to meeting or arranged through conference.
- Incidentals such as ground transportation or parking with receipts.
- Registration fee paid.
- Original itemized receipts are required for reimbursement.

CATEGORY II

Reasons

- Professional or career development.
- Community/Agency relations.

Reimbursement

- Professional leave approved.
- No reimbursement for mileage, meals, lodging or registration.

Original itemized receipts are required for reimbursement.