

Radford City Schools Professional Leave Request

COMPLETE BOTH **FRONT** AND **BACK** FOR APPROVAL CONSIDERATION.

Central Office: Reviewed by _____ Date _____

*After completing the front and back of this form, submit it to the building principal for approval.
 Submit 2 approved copies of the form, including conference/event information, to Ellen Denny at the central office 2 weeks prior to the travel for approval consideration. A copy of the form, with all approval signatures, will be returned to the applicant verifying approval.
 Reimbursements must be submitted within 30 days of travel.
 Include ALL Paid Itemized Receipts and/or cancelled checks in order to verify the anticipated costs and complete reimbursement transaction.*

Name _____ School _____ Content/Grade _____	Circle type of travel: Professional Development VHSL sanctioned Extra Curricular VDOE mandated	
RCPS Vehicle Requested: Yes No RCPS Bus Request: Yes No Time of departure _____	Car Available: Yes No Bus Available: Yes Transportation initials _____ Date _____	
Mileage (from work to destination) <i>Google directions from work to destination and back if claiming mileage reimbursement. When traveling in groups of 2 or more, and a school car is not available, carpooling is required in order to receive reimbursement for mileage. If RCPS car is available, mileage reimbursement will not be available. Exclusions may apply.</i>	_____ x .30 = \$ _____	_____ x .30 = \$ _____
Meals included with Conference/Event: Meals (\$30 max. per day, only provided with each overnight stay) (no receipt necessary)	Breakfast Lunch _____ Days = \$ _____	_____ Days = \$ _____
Lodging needed for Conference/Event: Hotel: _____ Dates of lodging: _____ Night's Lodging - max. \$150 per night, including taxes - Grant allowances may be lower. Check grant allowance through the travel site: http://www.gsa.gov/portal/content/104877 <i>Hotel accommodations are only allowed for distances exceeding 60 miles from your work destination. If a room is shared, each person should specify the amount due him/her. Exclusions may apply.</i>	Yes No No. of days for lodging: _____ Total cost \$ _____	No. of days for lodging: _____ Total cost \$ _____
Conference/Event Title: _____ Date of Conference/Event _____ Conference/Event Location: _____ Funding: Local Erate Perkins Title I Title VI-B Other/List Funding Source _____ PO# _____ CODE _____ <i>Must attach a copy of conference info/registration form.</i>	Registration Fee: \$ _____ Fee Paid by: Staff Member School Division	Registration Fee: \$ _____ Reimbursed by: School Division
Parking (actual cost per day with receipt/max. \$5 per day w/o receipt)	_____ Days = \$ _____	_____ Days = \$ _____
Other Expenses (specify below)		
Substitute required: YES NO AESOP professional day/substitute requested: Yes No Name of Substitute _____ <i>AESOP request must be made in conjunction with travel request so both (the travel request and the substitute) can be approved.</i>	_____ Days = \$ _____ \$103 Bachelor's degree or 100 days of service within past 5 years \$132.00 RCS retired teachers \$77.00 No degree \$132.00 Long term sub rate	_____ Days = \$ _____
TOTAL EXPENSES		

Approval information on back of form. Employee and Supervisor signature required to consider approval.

All approved travel forms must be submitted to the central office (Ellen Denny) at least two weeks prior to traveling. Forms submitted with less than two weeks between applying and traveling may be denied.

Authorization Signatures		Reimbursement Signatures	
Employee	Date	Employee	Date
Immediate Supervisor	Date	Immediate Supervisor	Date
Superintendent	Date	Superintendent	Date

Transportation Information: All information is tentative and based on student transportation. Please confirm with Director of Transportation prior to traveling.

Car Pick up Date/Time _____ Key Pick-up Location _____

Key Drop-off Location - SBO - Entrance on the right hand side of building. Drop in the mailbox to the left of those doors.

A reminder:

Reimbursements must be submitted within 30 days of travel.

Include ALL Paid Itemized Receipts and/or cancelled checks in order to verify the anticipated completed reimbursement transaction.