

ST. CHARLES COMMUNITY UNIT SCHOOL DISTRICT #303
REQUEST FOR ABSENCE AND PREAPPROVAL OF EXPENSE

Request should be made a **minimum of two (2) weeks** prior to registration deadline of meeting. Please type or print neatly.

Name _____ Today's Date _____ School _____

This form may be used for more than one individual going to the same place on the same date IF REGISTRATION AND/OR SUBSTITUTES ARE THE ONLY EXPENSES.

Purpose of Meeting _____

Date of Meeting/Conference _____ Place of Meeting _____

SUBSTITUTE NEEDED: ___ NO ___ YES If yes, # days? ___ Substitute Account # _____

If expenses are requested, complete all information in the box below before submitting.

SUBMIT a voucher when requesting registration payment and **PAPERCLIP** it and your registration form to the back of this form
OR check here to indicate that you have already taken care of that.

Travel Expenses Requested:

Registration	\$ _____	Account Number for Registration	_____
Transportation	_____	Account Number for Expenses (if different)	_____
Meals	_____		
Lodging	_____		
Miscellaneous	_____		
TOTAL	\$ _____		

After the meeting/conference **SUBMIT** a voucher and original **ITEMIZED** receipts to the business office to request reimbursement for approved conference expenses.

Staff attending conference/workshop should select one of the follow-up activities below when submitting request.

I am willing to share what I learn at this conference/workshop in the following way:

- _____ Make a presentation on a SIP day.
- _____ Provide a written synopsis to all staff with an invitation to contact me for additional information.
- _____ Write an article for a newsletter on this topic.
- _____ Facilitate a lunch/discussion group on this topic.
- _____ Attend a debriefing session with other staff who attended this workshop/conference.

(This option is required when three or more staff are attending a workshop/conference. A follow-up communication method will be determined at debriefing. Debriefing date selected by team attending: _____

If you have another suggestion for sharing, please inform your supervisor.

Signature of Staff Member Date

Signature of Immediate Supervisor/Budget Supervisor Date

Signature of Area Assistant Superintendent Date

Signature of Assistant Superintendent for Human Resources Date

cc: Business Office - Blue
Budget Supervisor - Yellow
Staff Member - Pink
Immediate Supervisor - Gold

Send this form (with attachments) to the Administration Building. KEEP A COPY FOR YOUR RECORDS!