IISD APPLICATION for LEAVE AND TRAVEL

NAME_____ EMPLOYEE # _____ SCHOOL/DEPARTMENT_____ DATE:_____

BUDGET CODE (S)_____ **Please have original receipts in Business Office by** _____

LEAVE REQUEST

Substitute Needed: Yes ( ) No ( )

Leave Request is for _____ days.

_____days School Business-Dates_____
_____days Personal Leave-Dates_____
_____days Other_____

Destination_____
Is student travel involved? Yes( ) No( )
Purpose of Leave_____
_____
_____
_____
_____
_____
_____

_____
Employee signature Date

_____
Principal/Supervisor Signature Date
Approved( ) Disapproved( )

_____
Director/Asst. Superintendent Date
Approved ( ) Disapproved ( )

For Personal Leave or Other Leave (Supervisor use only)
Date
_____day(s) with No reduction in pay
_____day(s) with Reduction in pay for substitute
_____day(s) with Reduction in pay for substitute & local sick leave
_____day(s) with Reduction in pay at the daily rate of pay

TRAVEL & REIMBURSEMENT

Departure Date/Time_____

Return Date/Time_____

	Total **Estimated** Cost of Leave
Registration	$_____
Airline Tickets	$_____
_____Miles @ _____cents per mile (Car Owner Only)	$_____
Lodging:_____nights @_____per night	$_____
If Double, name of second party _____	$_____
Meals	$_____
Taxi	$_____
Other:_____	$_____
Total Estimated and Actual Expenses	$_____
Advance Requested	**$**_____
Maximum Amount Allowed (To be Completed by Funding Organization)	$_____

_____
Business Office Date

_____
Funding Organization Date

White copy	Business Office
Yellow copy	Employee
Pink copy	Payroll Dept
Goldenrod copy	Director/Supervisor

PO Number_____
Check Number_____
Date_____

Actual Expenses

	Paid by District	Paid by Advance/ Employee
Registration	$_____	$_____
Airline Tickets	$_____	$_____
_____Miles @ _____cents per mile (Car Owner Only)	$_____	$_____
Lodging:_____nights @_____per night	$_____	$_____
If Double, name of second party _____	$_____	$_____
Meals		$_____
Taxi		$_____
Other:_____		$_____
Total Estimated and Actual Expenses	$_____	$_____
Less cash advance		$ _____
Net due employee		$_____
Net due IISD		$_____

_____
Employee Date

_____
Funding Organization
(Only if exceeds Maximum)

_____
Business Office Date

BO1 REV 06/00