

PROFESSIONAL LEAVE  
South Sioux City Community School District

Please submit one leave form per conference/workshop

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Name \_\_\_\_\_ Date \_\_\_\_\_ Building Name \_\_\_\_\_

- 1. Request leave on the following date(s) \_\_\_\_\_
- 2. Title of Event: \_\_\_\_\_
- 3. Name of sponsoring organization or agency: \_\_\_\_\_
- 4. Destination of this leave: \_\_\_\_\_
- 5. How will this activity support student achievement? \_\_\_\_\_
- \_\_\_\_\_
- 6. What is the identified need or goal addressed by this activity? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

7. Substitute needed: Yes \_\_\_\_\_ No \_\_\_\_\_ A.M. \_\_\_ P.M. \_\_\_ Both \_\_\_ (check one)

8. Are others attending from our district? Yes \_\_\_\_\_ How many? \_\_\_\_\_ No \_\_\_\_\_

Once the request has been approved, **one person** in the group will need to request a car (for groups of 4 or less) or a van or suburban via Schooldude <https://www.myschoolbuilding.com> (organization Account Number 786532463)

Password: cardinals

Date and time of Departure \_\_\_\_\_ Date and time of Return \_\_\_\_\_

Anticipated expenses include the following:

Registration \$ \_\_\_\_\_ Commercial Travel \$ \_\_\_\_\_

Accommodations \$ \_\_\_\_\_ Mileage \_\_\_\_\_

Meals Per Diem \_\_\_\_\_ Other \$ \_\_\_\_\_

Please submit to your principal upon return a completed Expense Claim form. **THIS IS NOT YOUR REGISTRATION!** If you need help with registration or accomodations, please see your building secretary. **Total cost to the School District is not ot exceed \$500 unless approved by the CIA Director.**

\_\_\_\_\_  
Employee Signature Date

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**TO BE COMPLETED BY PRINCIPAL/SUPERVISOR:**

Leave is: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ BUDGET CODE# \_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor Date

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**FOR ADMINISTRATIVE USE ONLY**

Leave Approved \_\_\_\_\_ Leave Denied \_\_\_\_\_

Exceed \$500 in expenses approved (\_\_\_\_)

\_\_\_\_\_  
CIA Director Date