

OAKRIDGE PUBLIC SCHOOLS
PROFESSIONAL ABSENCE REQUEST FORM

Workshop/Conference Release Time

Name of Attendee(s): _____ Today's Date: _____

Name of Event: _____

Date(s) of Event: _____ Time of Event: _____

Location of Event: _____

Substitute required? Yes No (The estimated cost for a full day sub is \$85) Purchase Order #: _____

Expense Information	Cost to District	Notes to Supervisor:
Registration fee		
Mileage Cost = (IRS rate) X (miles)	\$0.00	
Lodging		
Meals		
Other		
Total Expenses	\$0.00	

Expenses subject to reimbursement will only be paid for reasonable and adequate items receiving prior supervisor approval. Items without receipts or in excess of the amount requested above will not be reimbursed.

Supervisor Signature Approval to Attend Conference Date

Accounts to be charged:

Registration Costs:	
Sub Costs:	

Signature Approval of Person Responsible for Account Date

BUSINESS OFFICE TO COMPLETE THE FOLLOWING PAYMENT INFORMATION					
Registration	\$		Check	#	Date Mailed
Mileage	\$		Check	#	Date Mailed
Lodging	\$		Check	#	Date Mailed
Meals	\$		Check	#	Date Mailed