

**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	

Donna Unwin will e-mail attendees this form and a PO number to register online for MAISD workshops upon receiving both above approval signatures and a building requisition.