MUSCOGEE COUNTY SCHOOL DISTRICT
Request for Professional Leave/Reimbursement Pre-Authorization

Instructions:
1. Individual completes Sections I - V. **An AGENDA/Flyer must be attached** for event. Send to immediate Supervisor. (Assistant Superintendents and Principals send to Superintendent.)
2. Supervisor signs indicating approval and forwards to Budget Administrator if funds are involved. If no funds are involved, supervisor distributes copies. If employee is a non-school based employee, supervisor sends to Assistant Superintendent for approval prior to sending to Budget Administrator.
3. Budget Administrator reviews, approves, and distributes copies. If air travel is being paid by the system, forward copy to Purchasing.
4. Individual completes request for reimbursement within 30 days of the date in which leave was taken and submits to appropriate supervisor. Attach original white copy of Professional Leave Form.
5. Principal/Supervisor signs and sends to Assistant Superintendent, if required, then to the Budget Administrator.
6. Budget Administrator approves and sends form to Purchasing for reimbursement

***Individual shall submit leave request at least two weeks (10 working days) in advance.**

COMPLETE ALL FIELDS BELOW: (PRINT OR TYPE)

I. Name:_____ School /Department: _____

Name of Activity:_____ Location of Activity: _____

Date of requested leave/activity: _____ (City and State and/or name of facility/agency)

II. Purpose of leave: Relate to district, department, school, or student achievement goals. Attach agenda or information about the activity.

☐ School Business ☐ Professional Development

_____

_____

III. Itemize the projected expenses associated with the leave/activity and the fund source(s) for these expenses.

Travel: $_____ (44.5 per mile limit)

Lodging: $_____

Meals: $_____

Registration: $_____

Other: $_____

Total: $_____

Fund Source: _____

Budget Code: _____

Registration request:

Prepay by School/Department ☐ Yes ☐ No

Substitute Teacher Required: ☐ Yes ☐ No

Fund Source: _____

_____ Index _____ Sub Object

IV. Request for Air Travel: ☐ Yes ☐ No Travel Agency Contacted _____

Budget Administrator reviews, approves, and distributes copies. If air travel is being paid by the system, forward copy to Purchasing.

Departure Date_____ Departure Time_____ Airline _____ Flight No# _____

Return Date _____ Return Time _____ Airline _____ Flight No# _____

V. Employee's Signature:_____ **Date:** _____

VI. Approvals:

Principal/Supervisor _____ ☐Yes ☐No Date _____

Superintendent/Assistant Superintendent (if required)_____ ☐Yes ☐No Date _____

Budget Administrator _____ ☐Yes ☐No Date _____