

# PICKAWAY COUNTY ESC

## PROFESSIONAL LEAVE REQUEST AND COST ESTIMATE FORM

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Date(s) requested to include necessary travel time: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Location of Meeting: \_\_\_\_\_

How will your attendance at this meeting assist you in doing a better job in improving the educational program of the county schools?

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

This form is to be submitted to the ESC Superintendent **three (3) days prior** to the ESC Board Meeting preceding the professional leave request. Emergency leave may be requested by submitting a request in accordance with the board policy authorizing the superintendent to approve professional leave.

### ESTIMATE OF EXPENSES

Registration Cost:	\$ _____
Total Miles _____	\$ _____
Number of Meals _____	\$ _____
Nights of Lodging: _____	\$ _____
Other Expenses:	
_____	\$ _____
_____	\$ _____
<b>Total Expenses:</b>	<b>\$ _____</b>

**ALL "PAID" RECEIPTS MUST BE ATTACHED TO MILEAGE FORM UPON RETURN FROM THE MEETING.**

- Approved  
 Disapproved

\_\_\_\_\_  
Superintendent Signature/Date

\_\_\_\_\_  
Traveler's Signature/Date