

# Pickaway County ESC

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## 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 Treasurer's Office. **Please submit registration form with this request.**

Please indicate how you will be registering: (please check one)

Yourself online: \_\_\_\_\_ Through ESC Treasurer's Office: \_\_\_\_\_

**Please wait for approval notification from Treasurer's Office before registering.**

### ESTIMATE OF EXPENSES

Registration Cost \$ \_\_\_\_\_

Total Miles \_\_\_\_\_ \$ \_\_\_\_\_

Number of Meals \_\_\_\_\_ \$ \_\_\_\_\_

Nights of Lodging \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses:  
\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

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

Approved

Disapproved

\_\_\_\_\_

Superintendent Signature/Date

\_\_\_\_\_

Traveler's Signature/Date