

ROME CITY SCHOOLS

Request for Professional Leave

CHECK ONE: *Professional Learning Activity; Field Trip (Attach a copy of the description of the trip for agenda);
 Other _____ (Out-Of-County Field Trip Requests must be submitted to the assistant superintendent's office.)

Attendance at professional meetings and participation in school and system related activities will be supported by the Rome Board of Education, and those attending may be reimbursed for travel expenses when such attendance is approved in advance by the superintendent.

Approval must be secured on this form prior to attendance at such meetings/activities. ALL SECTIONS MUST BE COMPLETED.

Employee _____ Headquarters _____ Position _____

Purpose of leave _____
(Attach written documentation to verify activity. Examples: agenda, copy of registration, brochure, announcement, etc.)

***If the request is related to Professional Learning, explain** how this activity relates to student achievement and the School Improvement Plan, Personal Professional Development, or System Goals and/or Objectives: _____

Dates of Leave _____ Year _____ Place _____ Date/time of Departure: _____

Number of professional days prior to this request: Used _____ Requested, but not used _____

If purpose of leave is to attend an organizational professional meeting (NEA, etc.), is staff a member of the sponsoring organization? _____

Substitute teacher needed? Yes _____ No _____

Principal/Director:
 Indicate (on dotted line)
 fund source for sub
 IF IT IS DIFFERENT
 from source requested
 for other expenses.

TOTAL ESTIMATED EXPENSES (Itemized on back of this form) _____

→ **SUB Pay** (Est. \$55 per day) _____

Estimated Total Cost _____

Amount requested from system if different from total _____

Delays for processing this form will occur when all information is not submitted as requested. Employees are responsible for their own registration and payment. A written summary of the approved meeting should be submitted along with the expense report upon your return.

Employee Check: AGENDA ATTACHED? _____ FORM SIGNED BY SUPERVISOR? _____ BACK & FRONT COMPLETED? _____

To be completed by Director of Program as applicable:
 Requested Funding Source: CIRCLE AND INITIAL

| | | |
|-----------------------------|-------|-----------------------|
| Vocational | Pre-K | IDEA |
| SNP | ELL | Professional Learning |
| Federal Schoolwide Programs | | |
| Other: _____ | | |

Signature _____
 (Person requesting professional leave)

Approval of Supervisor _____ Date _____
 (Principal or Immediate Supervisor)

PRINCIPAL CHECK AND COMPLETE

*Which expenses will be charged to which local school fund(s)?
 _____ Expenses _____ School Fund (i.e. athletics, band, clubs, etc.)

- No, expenses do not come out of local school funds.
 Federal Schoolwide Programs

Central Office Use Only

Form Completed Yes _____ No _____ Agenda Attached Yes _____ No _____ NA _____

Fund Source: _____ Initials _____ Date _____

(To be completed by superintendent)

Approval is for the following:

Substitute teacher only _____ Travel Only _____ Registration Only _____ Total Expenses _____
 (in line with Board limitations)

Fund Source (circle):
 Instructional Professional Learning IDEA Pre-K ELL Vocational SNP
 Federal Schoolwide Programs Other _____

Comments: _____

Date _____ Signature _____

Please Complete

I am seeking PLU course credit associated with this activity: Yes _____ * No _____

*NOTE: If you are seeking PLU credit for a course associated with this activity, you MUST obtain PRIOR APPROVAL from the RCS Professional Learning Office, which involves a process that is separate from your Professional Leave Request. If you have questions regarding this process, contact your PLAC (Professional Learning Advisory Committee) or the Professional Learning Office at 236-5050.

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ITEMIZED ESTIMATED EXPENSES

If leave request is for accompanying students on a field trip, list only personal expenses for which you will seek reimbursement.

Registration (Need receipt): _____

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------|
| For Program Director Use ONLY Complete if Applicable. Registration Prepaid: Fund _____ Director's Signature: _____ Date: _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------|

*Lodging: Number of nights _____ @ _____ + tax _____
(Need receipt)

* Complete and submit the hotel and motel operators Georgia's Tax Exempt Form.
(Be sure to have a form in advance of travel.)

Travel: Auto -- Number of round trip miles _____ @ \$.505 per mile = _____
Air (Need receipt) _____
Taxi, Bus, Limousine, etc. _____

Meals: Allowable if stay overnight; (Maximum allowed is \$6 for breakfast,
\$7 for lunch, \$15 for dinner. Meals should NOT exceed \$28 per day);
out-of-state need receipts. _____

Other: Parking, Airport shuttle, Miscellaneous fees, etc.
(Need receipts) _____

Total Estimated Expenses: _____
(Enter this amount in the appropriate space on the front of this form.)

Please read the following information

INSTRUCTIONS FOR REIMBURSEMENT:

1. Complete the RCS Expense Statement for Employees (RCS Form 116).
2. Be sure the Expense Statement is filled out completely: date, odometer readings, tag number, social security number, mailing address, the name of the school which is your headquarters, and itemized expenses. **Remember to sign the form.**
3. **A WRITTEN SUMMARY OF THE ACTIVITY OR PROFESSIONAL MEETING MUST BE ATTACHED TO THE EXPENSE STATEMENT.**
4. Attach a copy of the approved Professional Leave Request to the reimbursement forms.
5. Reimbursement forms should be organized and **turned in to Carole Terhune in the bookkeeping office of the Central Office.**

**REIMBURSEMENT DOCUMENTATION SHOULD BE SUBMITTED WITHIN A WEEK
AFTER THE ACTIVITY OR REIMBURSEMENT MAY BE DENIED.**

CHARGES AS PERMITTED BY THE STATE:

1. Mileage - \$.505 cents per mile.
2. Maximum for meals - Meals should not exceed a total of \$28 per day. If only one or two meals are claimed, charges in excess of \$6.00 for breakfast, \$7.00 for lunch and \$15.00 for dinner must be explained in writing.
3. Lodging - \$50 plus tax per night (lodging may exceed \$50 in some areas provided written explanation is attached.)
4. Receipts are required for all expenses except meals, taxi, bus, limousine, and portage.

**IF YOU HAVE QUESTIONS RELATIVE TO REIMBURSEMENT FOR TRAVEL,
PLEASE CONTACT CAROLE TERHUNE AT 236-5050.**