



Absence Request

Absence Information

Employee Name: _____

School: _____

Date(s) of Absence: _____

Destination/Purpose: _____

Expense Request

The employee must have the request approved before travel.

Substitute: Yes No Sub Pay Budget Code: _____

	In-State	Out-of-State	
			Registration Fee _____
			Transportation _____
Breakfast	\$10.10	\$10.10	Hotel _____
Lunch	\$13.30	\$13.30	Meals _____
Dinner	\$23.10	\$26.30	Other _____
Hotel	At cost	At cost	Total _____
Mileage	\$.70 per mile		

Employee Signature Date

Principal Signature Date

Office Use Only

- Approved
 Denied

Budget Code: _____

Comments:

Director Signature Date