



HOLMDEL TOWNSHIP PUBLIC SCHOOLS

REQUEST FOR TRAVEL AUTHORIZATION/PROFESSIONAL LEAVE

(This form to be submitted at least sixty (60) days in advance of the effective date of departure.)

(Name of individual to be authorized to incur reimbursable expense) _____ Position _____ School/Program _____

Name of Workshop: _____

Location (City, State, Zip Code): _____

(Note: A copy of program and/or agenda must be included as back-up material explaining the purpose of this request.)

Departure Date: _____ Return Date: _____

I intend to implement the strategies from this workshop for the benefit of my students in the following way:

NOTE: A written report of the attended conference event must be presented to the Principal or immediate supervisor, with a copy to be provided to Central Office, within 10 working days in order to accrue Professional Development hours. Please refer to Board policy for details.

Professional Development Hours Anticipated: _____

Number of days absent: _____ Substitute needed: _____ Yes _____ No
I will _____, I will not _____ advise sub caller of my absence

Estimated charges: *(Staff are expected to exercise the same care in incurring expenses that they would if traveling at their own expense)*

Hotel	\$ _____
Transportation: (including mileage, check one)	
Vehicular <input type="checkbox"/> Airplane <input type="checkbox"/> Train <input type="checkbox"/>	\$ _____
Misc. (Please explain item and amount)	
_____	\$ _____
Meals	\$ _____
Sub Total	\$ _____
Registration fee	\$ _____
Grand Total	\$ _____

(Lodging and meal rate must meet the requirements listed on www.gsa.gov/perdiem.)

ACCOUNT NUMBER				
FUND (XX)	PROGRAM (XXX)	FUNCTION (XXX)	OBJECT (XXX)	DISTRICT XX - XX - XX - XX

If no expense to District, indicate source of funds

Will employee receive an honorarium? No Yes Amount: \$ _____

Date: _____ Signature of individual requesting authorization _____

Approved	<input type="checkbox"/>			
Disapproved	<input type="checkbox"/>	Date	_____ Immediate Supervisor, Director, Principal	
Approved	<input type="checkbox"/>			
Disapproved	<input type="checkbox"/>	Date	_____ Assistant Superintendent	
Approved	<input type="checkbox"/>			
Disapproved	<input type="checkbox"/>	Date	_____ School Business Administrator	
Approved	<input type="checkbox"/>			
Disapproved	<input type="checkbox"/>	Date	_____ Superintendent	