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ABSENCE REQUEST FORM

INSTRUCTIONS: Please complete this form and submit (with copy of backup documentation) for appropriate approval signatures. This form is to be used by any employees who expect to be absent from duties other than for vacation, emergency or sick leave.

NAME OF ALL ATTENDEE(S) and TITLE(S): (Attach list if necessary)

DATE(S) REQUESTED TO BE ABSENT: (beginning) (ending)

 DEPARTURE TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RETURN TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESTINATION: Facility (if applicable), city, state

PURPOSE: (Name of conference, meeting, field trip – location/description)

(No Acronyms)

CONFERENCE/MEETING SPONSORED BY:

INSTITUTIONAL VALUE: (Reason for attending)

ESTIMATED EXPENSES: # of meals \_\_\_\_\_\_\_\_\_\_ (up to $40 per day) $

 Name of Hotel/Motel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a check needed to take with you? **Y/N** Is a check needed to be mailed? **Y/N**

If yes, please use the source requisition form & include back-up information. **Use final totals only, including tax.**

 Ground Transportation costs (car rental, taxi, train, parking, etc.)

 \*\*Air Fare: **See Below**

 Personal Vehicle (Est. round-trip miles @ IRS rate)

 Other (Conference registration, memberships, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total $

BUDGET CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BUDGET NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**=======================================================================================**

**PLEASE CHECK ALL STATEMENTS WHICH APPLY TO YOUR REQUEST**

 \*Classes missed? Yes No (circle one) Absence is authorized contingent upon compliance with the

 class assignment requirement.

 Expenses are to be paid by individual and/or outside agency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please circle)

 Name of Agency

 Transportation is authorized. School Automobile \_\_\_\_\_\_ Private Auto \_\_\_\_\_ Bus \_\_\_\_\_ (Transportation

 request must be completed and a copy attached to this document)

\_\_\_\_\_\_\_\_ \*\*Air **(Air travel must be arranged through the Superintendent’s office)**

 Other

Division Chairperson (if applicable) Date Vice President Date

Manager or Supervisor Date Superintendent Date

**\*Instructors are to provide assignments for their classes to the VP of Instruction at least three days prior to absence.**