

Tarrant STI PD # _____
 SDE or Other STI PD # _____

Tarrant City Board of Education
 Request for Professional Leave Form with Expenses

Name: _____ Date Completed: _____
 School/Department: TES TIS THS TBOE PD Dates: _____
 Position: Teacher Administrator Other: _____ PD Time: 1/2 Day 1 Day 2 Days Other ____
 PD Title: _____ PD Location: _____
 AESOP # _____ (PD On or Off Campus Requires AESOP Confirmation)

*Classroom Teacher Only – Who will pay for a substitute? School District Other
 Funding Source: _____ Approved by: _____

- Registration:
 - Attach a copy of registration information with completed PO**
 - Funding Source: _____ Approved by: _____
- Mode of Travel: **Attach a copy of travel information with completed PO (Ex. MapQuest)**
 - Car - Reimbursement outside a 40 mile radius from worksite/home, whichever is closer to PD site.
 - Number of Miles: _____ Cost Per Mile: _____ Total: _____
 - Funding Source: _____ Approved by: _____
 - Airplane – Attach a copy of information with a completed PO. (Purchase on school credit card after final approval)
 - Funding Source: _____ Approved by: _____
- Lodging:
 - Attach a copy of lodging information with completed PO**
 - Number of Days: _____ Cost Per Day: _____ Total: _____
 - Funding Source: _____ Approved by: _____
- Meals: **Attach a copy of a completed PO**
 - Original itemized Receipts are Required for Reimbursement (Overnight stay not to exceed \$65 times the # of day(s) / If covered by a grant day PD \$25 for lunch)
 - Number of Night(s): _____ Cost Per Night: \$65 Total: _____
 - Funding Source: _____ Approved by: _____
 - Day PD Grant Reimbursement Name for lunch _____
- Other: **Attach a copy of a completed PO (Such as: parking, taxi, toll bridge, etc.)**
 - Specify: _____
 - Funding Source: _____ Approved by: _____

By signing this form, I understand that professional development request forms must be completed and submitted no later than 10 days prior to the activity. PD request will not be processed unless all estimated expenses are filled in and approved. PD requests are not approved until a signed/approved form from the PD Director is sent back to me. Reimbursements will only be given for items with prior approval and within 10 days after completion of activity. A completed Employee Expense Statement, signed original itemized receipts, and proof of attendance must be submitted for reimbursement.

Signatures:

- Employee Signature: _____ Date: _____
- Principal Signature: _____ Date: _____
- PD Director Signature: _____ Date: _____
- Accounts Payable Signature: _____ Date: _____