

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: ½ 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 UAB PD  
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: \_\_\_\_\_
  - Riding with a co-worker. List all employees riding together - \_\_\_\_\_
- 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 \$45 times the # of day(s) / If covered by a grant day PD \$15 for lunch) \_\_\_\_\_
  - Number of Night(s): \_\_\_\_\_ Cost Per Night: \_\_\_\_\_ 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: \_\_\_\_\_

**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. 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. Employee Initials: \_\_\_\_\_**

Signatures:

- Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- PD Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Accounts Payable Signature: \_\_\_\_\_ Date: \_\_\_\_\_