

**SOUTHERN OHIO EDUCATIONAL SERVICE CENTER
PROFESSIONAL LEAVE REQUEST**

Employee's Name _____ Date _____

Date(s) of Requested Leave _____

Name/Type of Conference _____

Location _____

Purpose of Conference _____

Estimate of Expenses:

Registration Fee \$ _____
 _____ Reimburse (preferred option) _____ Board pay
Meal(s) \$ _____
Mileage _____ miles @ _____ = \$ _____
Lodging expense _____ nights @ _____ \$ _____
Other _____ \$ _____
Total \$ _____

1. The employee must estimate all expenses that will be claimed for proper reimbursement.
2. The employee will be required to submit proper receipts to claim reimbursements.
3. The employee may be required to submit a written overview of the conference to the superintendent.

Signature of Employee _____

Signature of Supervisor _____

Forward request form to superintendent

Written overview of conference required? Y N Absence form required? Y N

_____ Approved (Original to fiscal; copy to employee) _____ Disapproved (Return to employee)

Superintendent _____ Date _____

PROFESSIONAL LEAVE PROCEDURES for HR-6:

Refer to the Board Policy GCL for certified and GDL for classified regarding the granting of professional leave and the reimbursement limitations (Policy DLC).

1. Complete the **PROFESSIONAL LEAVE REQUEST FORM** found on the district website or requested from the central office and forward to your supervisor along with any other information about the professional leave activity.
2. Both the supervisor and superintendent must approve the leave request for the process to continue. If denied, it will be returned to you.
3. Upon approval, a **PURCHASE ORDER** will be issued to you for the estimated expenses listed on the request form. The estimated expenses must be within the limits of Policy DLC. If no reimbursement is requested, no purchase order is created.
4. The approved professional leave request form will be distributed back to you, the supervisor, the superintendent, and the treasurer. The treasurer's copy is kept on file with the purchase order, unless no reimbursement is requested.
5. Receipts are required for all expenses, except mileage, per Policy DLC. Use the **TRAVEL REIMBURSEMENT FORM** to itemize all expenses including mileage. Attach the pink purchase order and all receipts. Forward all of this to the fiscal office to initiate the reimbursement process..
6. The superintendent must approve the reimbursement report. The fiscal office will present the report to the superintendent for approval. Then it will be processed for payment.
7. No payments will be issued without prior approval and a purchase order unless specifically waived by the superintendent and certified by the treasurer.