



# HARALSON COUNTY BOARD OF EDUCATION PROFESSIONAL LEAVE EXPENSE QUOTE

		DATE OF REQUEST		
NAME (LAST, FIRST, INITIAL)		SCHOOL / DEPARTMENT & GRADE OR SUBJECT		PHONE NUMBER
TITLE OF PROFESSIONAL LEAVE ACTIVITY		<b>OBJECTIVE</b> FROM THE SCHOOL IMPROVEMENT PLAN or DISTRICT STRATEGIC IMPROVEMENT PLAN THAT ALIGNS TO THE PL?		
HOW WILL THE TRAINING BE IMPLEMENTED?				
<input type="checkbox"/> Redelivery to (what group?) principals <input type="checkbox"/> Classroom instruction <input type="checkbox"/> Analysis of current procedures <input type="checkbox"/> Leadership development				
LOCATION (CITY, STATE)		NUMBER OF WORKDAYS	NUMBER OF DAYS (INCLUDING TRAVEL TIME)	DEPARTURE / RETURN DATES
SUB REQUIRED: (ENTER DATES)		SUB PREFERENCE		
		FULL DAY <input type="checkbox"/>  HALF DAY <input type="checkbox"/> - AM <input type="checkbox"/> or PM <input type="checkbox"/>		
<b>EXPENSE ESTIMATE</b>		Approval must be granted prior to registration for the conference or meeting. A copy will be returned to the employee. Mileage \$ .56 per mile. <b>You must carpool and share a room whenever feasible.</b>		
LODGING	MEALS	MILEAGE / TRANSPORTATION	REGISTRATION	MISCELLANEOUS (PARKING, TOLLS, ETC.)
TOTAL ESTIMATED EXPENSES		FUNDING SOURCE (Central Office use only)		
\$		<input type="checkbox"/> School Funds <input type="checkbox"/> Grant (specify) <input type="checkbox"/> Title I <input type="checkbox"/> Title IIA <input type="checkbox"/> Title IID <input type="checkbox"/> State Professional Learning Funds <input type="checkbox"/> Other (specify) _____		
		Account Code		
REMARKS				
<input type="checkbox"/> I attest that I have successfully completed the <b>FY22 online travel modules</b> and understand my responsibilities related to travel requests and reimbursement. (Travel requests will NOT be approved until you have completed the online travel modules).				
<b>APPROVALS</b>				
EMPLOYEE (signature)			DATE	
PRINCIPAL (signature)			DATE	
PROFESSIONAL LEARNING DIRECTOR (signature)			DATE	
SUPERINTENDENT (signature)			DATE	