

SCHOOL ADMINISTRATIVE UNIT 18  
FRANKLIN/HILL SCHOOL DISTRICTS

PROFESSIONAL APPROVAL/LEAVE REQUEST/REIMBURSEMENT

(complete at least one week prior to requested date)

#1

Name: \_\_\_\_\_ School: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

Personal Day (10.5) \_\_\_\_\_ Military Leave (10.7) \_\_\_\_\_ Jury Duty (10.8) \_\_\_\_\_ Military Leave (10.9) \_\_\_\_\_

Funeral Leave (10.10) \_\_\_\_\_ Professional Day (10.12) \_\_\_\_\_ Family Medical Leave \_\_\_\_\_ Other \_\_\_\_\_

Activity (circle): Workshop Course (7.10) Other (is activity part of staff development plan yes/no)

Workshop/Course Name: \_\_\_\_\_

(Note: attach back-up – course description/outline/standard/etc.)

Provider Name: \_\_\_\_\_ Provider Address: \_\_\_\_\_

Registration: \$ \_\_\_\_\_ Is sub needed? Yes No \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

Mileage: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

It is agreed that the use of leave days will be confined to legitimate purposes provided in the collective bargaining agreement (10.1). All requests for reimbursement will be necessary and reasonable and accompanied by original itemized receipts. Reimbursement for alcohol is not allowed. I understand any non-refundable costs paid for in advance by the District will be my responsibility should I cancel the workshop for non work related reasons. I will submit a certificate of attendance and complete a workshop evaluation upon my return.

Total \$ \_\_\_\_\_ Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#2

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal/Administrator

Account #/Grant \_\_\_\_\_ (required in order to process)

#3

Bookkeeper: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Business Administrator/Grant Manager

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Superintendent

Once approved, a purchase order should be entered at the building level for district funds. For federal funds, purchase order will be entered at SAU.

PO Registration \_\_\_\_\_ PO Travel \_\_\_\_\_ PO Other \_\_\_\_\_

## PROCESS FOR COMPLETING THE PROFESSIONAL APPROVAL FORM WHEN ATTENDING A WORKSHOP

- **Section #1** - As soon as possible, but *at least* one week prior to workshop attendance, staff member completes Professional Approval/Leave Request/Reimbursement Form and forwards to principal/administrator. Only requested amounts will be eligible for reimbursement.
- **Section # 2** - Principal/administrator completes and includes the district account number or the grant to be charged and forwards to the SAU office. Do not leave blank and do not guess – there are several grant sources that pay for professional development (DINI, SINI, SIG, Title IIA, RLIS, REAP).
- **Section # 3** - Bookkeeper will record leave in Budgetsense, Business Administrator/Grant Manager will approve budget, Superintendent will give final approval.
- Copies of the form are returned to the school and staff member
  - If a district expense, requisitions will be entered at the building level
  - If a grant expense, requisitions will be entered at the SAU. A copy of the workshop PO will be sent to the staff member and **it is his/her responsibility to register indicating the PO number on the registration. Do not register until a PO is in hand.** Upon completion, a copy of certificate of attendance should be sent to Cathy Viau. If mileage reimbursement is approved, a PO will be processed using the current district rate for mileage from SAU/school to workshop site and sent to the staff member. A copy of PO should be attached to the request for reimbursement.

As you can see, in the best of situations the above process will take several days. Please leave enough lead time to complete all the steps and remember that until a PO is processed, the expenditure is not approved.