



## Earlywood Educational Services

### Professional Leave Form

Employee Name: \_\_\_\_\_

Building(s): \_\_\_\_\_ Position: \_\_\_\_\_

Conference Sponsor/Name of Conference: \_\_\_\_\_

Conference Date(s)/Time(s): \_\_\_\_\_

Conference Location: \_\_\_\_\_

Rationale for attendance:

#### **Expenses Requested:**

Registration Fee:      Yes                  No                  Amount \_\_\_\_\_

Auto Travel:            Yes                  No

Parking Fee:            Yes                  No

Other (describe): \_\_\_\_\_

I understand that odometer readings and receipts for approved expenses are required for reimbursement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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#### **Administrative Action**

Leave Approved

Leave Denied

Registration Fee of \$ \_\_\_\_\_

Auto Travel    Yes    No

Parking        Yes    No

Other \_\_\_\_\_

Responsible for Registration

Employee

EES

Budget Account #: \_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_