Kinsley-Offerle School District USD #347



Employee Leave Request - Professional Development

ALL conference/meeting/workshop registrations are to be handled by the District Office.

Employee Name:			Date:			
Building Assignment:			Certifie	Certified:		
Requesting leave	rom your assign	nment on:				
Date		to	Date	_		
Leave for	full days, or	half days	(a.m.		p.m.)
Is a substitute nee	ded during you	r absence?	Yes:	No:		
Please explai	n fully the natu	re of the busin	ess or meetir	ng which req	uires your a	bsence:
Is registration req	uirad for this la	avo roguest?	Yes:		No:	
(If yes, please be sure t estimated total cost of	o attach registratio	n information an		juest Form (Ta	_	owing
Do you require a s	chool vehicle?		Ye	es:	No:	
(If you checked yes, please fill out the attached school vehicle request form (tab number three below). If no, you will not be reimbursed for mileage and it will be your expense unless you make arrangements with the superintendent in advance.						
Do you require ov	ernight accomm	odations?	Yes:	No:		
Arrival Date			Time	_ _		
Departure Date			Time 11:00 Or	12:00 is stand	dard	
Employee Signatu	re:			Date		
Principal Signatur Please be sure to sign the		o, if attached.		Date		
Superintendent Si Please be sure to sign the	gnature:	-		Date		



Kinsley-Offerle School District 120 W. Eighth Street Kinsley KS 67547

Kinsley, KS 67547 (620) 659-3646 fax: (620) 659-3646 email: bdavies@usd347.org

Request

	Address Phone	Fax				Date Contact Title Dept.				
	Qty	Page	ltem #	Description		Unit Price		TOTAL		
							\$	-		
							\$	-		
							\$	-		
							\$	-		
							\$ \$	-		
							\$	<u> </u>		
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							\$	-		
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							\$	-		
							\$	-		
							\$	-		
							\$	-		
			STATE	MENT OF NEED AND PRIORITY						
						SubTotal		-		
ı				Shi	pping 8	& Handling 0.00%				
	Request					Shipping & Handling				
	Made by			Date		Otata Tau				
	D					State Tax 0.00%				
	Program					Total				

Superintendent's Signature

Date

Date

Principal's Signature

Request For School Vehicle Use Kinsley-Offerle Unified School District #347



Employee making 1	request:	Date:				
Destination of Trip	:					
Purpose of Trip:						
Who will be traveli	ng with you?					
	What date and time do y	ou need to pick up the vehicle?				
	 Date	(a.m./p.m.) Time				
	What date and time will you return the vehicle?					
	Date	(a.m./p.m.) Time				
Employee Signatur	e:	Date				
Principal Signature	::	Date				
Superintendent Sig	gnature:	Date				
	Tr	ansportation Department				
Trip con	firmed by:	Date				
Vahiala	Assignment.					