

MOBERLY PUBLIC SCHOOLS
Request for Professional / Educational Leave
(Must be completed at least 48 hours prior to leave)

Name(s) _____ Date Filed _____

Building _____ Department or Activity _____

Reason for Leave _____ Title of Training _____

Destination _____ Phone Number _____

Date Leave Begins (Date) ___/___/___ A.M. or P.M.* Date Leave Ends (Date) ___/___/___ A.M. or P.M.*
*Circle AM or PM. Support Staff Employees must contact Danielle Fiala in Payroll with Clock in/Clock out times for the day.

Number of Days Absent: School/Duty Days _____ Non-School/Duty Days _____

No. of Staff on Trip: _____ No. of Students on Trip: _____ Is a Substitute required for your leave: Yes / No (circle)

Name of Substitute funding source or account number: _____

Method of Travel: (circle one) School Vehicle Personal Vehicle School Bus

Estimated Mileage, Round Trip _____ Name of Account to Charge _____ Budget Code _____

Estimated Expenses (If fee is covered by a PO, Check Request, or District Credit Card, please circle YES; if not, please circle NO. If covered by PO, write in the PO#):

Mileage \$ _____ (round trip mileage x 41.63¢) Covered By PO: Yes / No PO# _____
Covered By Chk. Req. or Credit Card: Yes / No

Registration \$ _____ Covered By PO: Yes / No PO# _____
Covered By Chk. Req. or Credit Card: Yes / No

Lodging \$ _____ Covered By PO: Yes / No PO# _____
Covered By Chk. Req. or Credit Card: Yes / No

Meals*: \$ _____ Covered By PO: Yes / No PO# _____
Covered By Chk. Req. or Credit Card: Yes / No

(# of each) Breakfast Lunch Dinner
(\$7 max) (\$8 max) (\$15 max)

*itemized (NOT credit card) receipts must be attached to MPS3A for meal reimbursement.

Other \$ _____ Specify: _____ Covered By PO: Yes / No PO# _____
Covered By Chk. Req. or Credit Card: Yes / No

Total Cost \$ _____ Reimbursement for mileage, meals, etc. must be requested on MPS3A.

For PDC reimbursement, the MPS #2B must be attached to this form

Employee's Signature _____ Date _____

Supervisor's Approval: Approved _____ Not Approved _____ Bldg. PDC Rep: _____ Date: _____

Supervisor's Signature _____ Date _____

NOTE: MPS #3 (actual report of travel expenses for reimbursement), must be submitted within 3 days of return from trip. Employee will be reimbursed at the next check writing date. When filling MPS #3, RECEIPTS ARE REQUIRED for any reimbursable fee not covered by a purchase order (registration, lodging, etc.)

CENTRAL OFFICE USE ONLY

Superintendent/Asst Supt. Approval: Approved _____ Not Approved _____

Superintendent/Asst Supt. Signature _____ Date _____

MPS #2B

MOBERLY PDC REQUEST RUBRIC

Request made by: _____
 Grade/Team/Dept.: _____
 Name of Workshop: _____
 Cost of Registration: _____
 Number of days substitute needed: _____

Date: _____
 Conference Date: _____
 Conference Location: _____
 Approved Funding: _____ Yes _____ No
 Approved Funding: _____ Yes _____ No

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FORMS NOT FULLY COMPLETED WILL NOT BE APPROVED

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	Yes	Indirectly	No
1. Does this meet a building goal? (building goals on back) Explain: _____ _____	_____	_____	_____
2. Does this meet a personal goal? Explain: _____ _____	_____	_____	_____
3. Does this meet a strategy in our District CSIP (Strategic Plan)? Explain: _____ _____	_____	_____	_____

	No	Yes New Focus	Yes Same Topic
4. In the last year, have you attended a similar workshop?	_____	_____	_____

	Building/ District	Grade/Dept. Team/Entire Staff	Own Class
5. Who will benefit from your gained expertise?	_____	_____	_____
6. Specifically, how will you share the information gained? (must be interactive!! ie, presentation in faculty meeting, department mtg., grade level mtg., after school round table, etc.	_____ _____ _____		

	None	\$0 - \$100	Over \$100
7. Have you received previous funding this year from PDC?	_____	_____	_____

Funding is : **Approved** **Pending** **Denied**

Comments: _____

Attach to your MPS #3A & B upon return. Information will be used for payment and PDC newsletter.

Principal's Signature _____ Date _____ PDC Building Representative's Signature _____ Date _____