

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 Cari Haney 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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	<b>Yes</b>	<b>Indirectly</b>	<b>No</b>
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: _____ _____	_____	_____	_____

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

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

	<b>None</b>	<b>\$0 - \$100</b>	<b>Over \$100</b>
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 \_\_\_\_\_

**Attach this form to MPS#2A**

*Revised October 15, 2012*