



Spartanburg School District 7

Request for Professional Learning Leave (PLL)

DUE 2 WEEKS OR MORE IN ADVANCE

Name:

School/Site:

Title of workshop, conference, training:

Date(s) of workshop, conference, training:

Location (City, State) of Meeting:

Is a substitute required? Yes No if yes, do you need a Full Day Half Day AM Half Day PM

FUNDING SOURCE: please check one:

School Funds District Funds Title Funds Other Funds (please specify i.e. Grant or Athletics)

PROJECTED EXPENDITURES:

- 1. **Registration** *Please attach a copy of your registration confirmation if using any district funds.*
Fee: \$
- 2. **Mileage** *If two or more staff members are going to the same conference, workshop or training, carpooling is required unless approved otherwise. You must check to see if district vehicle is available before requesting mileage.*

Requesting Mileage? Yes No
District Vehicle available? Yes No
If available did you reserve the vehicle? Yes No

*If District Vehicle is not available, mileage can be requested.
Submit your total round trip mileage from your worksite.*

If applicable:

- 3. **Hotel** Will you stay overnight? Yes No
Are you requesting lodging? Yes No
Total cost of lodging: \$ *Attach copy of hotel reservation confirmation if using District Funds*
Are you requesting overnight per diem? Yes No
If Yes, you must submit a TRAVEL CLAIM with a copy of a daily agenda from the workshop or training attached UPON YOUR RETURN. Please send to Instruction Dept. at the District Office if using District Funds. All other go to the Business Office.

4. Additional Expenses: (airfare, parking, etc.) \$

Signature of Requester _____ Date: _____

Signature of School Administrator: _____ Date: _____

Signature of District Official: _____ Date: _____

Approved ___ Denied ___

Substitute paid from School Bank or District Account? School Bank Account Number: _____ For District Office Only: Account Number: _____
