

**Building Location**  
 Circle: Woodlands  
 McCormick  
 HHS



- Prof. Leave Approved  
 Prof. Leave Denied

**HURON CITY SCHOOLS**  
 REQUEST FOR ATHLETIC/ACTIVITY LEAVE  
 REIMBURSEMENT OF EXPENSES FOR LEAVE

initial

**Purpose:** To provide chaperone/coach for school sponsored activity/event.

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

**Activity:** \_\_\_\_\_

**Dates Attending:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Time of Day:** (please check one): \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ ALL DAY

**Substitute Needed?:** \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Internal Coverage

**Substitute Name:** \_\_\_\_\_ **Internal Teacher Name:** \_\_\_\_\_

**Category for Activity:**

- Athletic (i.e. State Tennis Tournament)  
 Club Activity (i.e. Firelands Challenge)  
 Other \_\_\_\_\_

**Expenses:**

	<u>Estimated</u>	<u>Actual</u>
Mileage @ \$ .375 _____ miles (estimated) _____ miles (actual)	\$ _____	\$ _____
Registration (check one of the following):	\$ _____	\$ _____
<input type="checkbox"/> Will be paid by individual and reimbursed by Board <b>OR</b>		
<input type="checkbox"/> Request Board to mail registration, the purchase requisition is attached and signed by bdg. principal		
Meals (Lodging and meals cannot exceed \$100.00 a day)	\$ _____	\$ _____
Lodging _____ nights	\$ _____	\$ _____
Parking/Tolls	\$ _____	\$ _____
<b>Total cost</b> _____ →	\$ _____	\$ _____

**Prior to attending the workshop:**

1. Permission to use activity leave is granted on this form. Approval of estimated expenses must be obtained before the seminar, clinic, etc. is attended. Costs must be estimated on this form for preparation of a purchase order.
2. Staff members are expected to individually arrange registration, reservations, etc. unless prior arrangements have been made.

**After attending the workshop:**

1. Forward all original receipts and actual expenses to the Treasurer's Office along with the goldenrod request form.
2. Complete the Evaluation and Reflection Survey. It will provide feedback and necessary data for the Continuous Improvement Plan's implementation (you may wish to keep a copy of both forms as documentation for your IPDP). This survey should be attached to the packet you provide to your colleagues.

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

Principal \_\_\_\_\_ Date \_\_\_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_ Funding Source \_\_\_\_\_

**Reimbursement Submission (Sign this AFTER you attend the conference):**

Employee \_\_\_\_\_ Date \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_