

Cornbelt Educational Cooperative
APPLICATION FOR PROFESSIONAL LEAVE

Professional Leave requests shall be submitted in writing to the Cooperative Director two (2) weeks in advance for approval by the Director.

Person Submitting Request: _____

Date(s) of Professional Leave: _____

Title of Professional Leave Meeting: _____

Justification for Attending Meeting: _____

Meeting Location: _____

Number of Meals Requested:

Breakfast	Lunch	Dinner

**On non-overnight trips, no meal reimbursement will be provided.*

	Leave Before	Return After
Breakfast:	5:31 AM	7:59 AM
Lunch:	11:31 AM	12:59 PM
Dinner:	7:59 PM	5:31 PM

Registration Costs: \$ _____

Lodging Costs: \$ _____

Mileage (round trip) to and from Meeting: \$ _____

Airline or other transportation Costs: \$ _____

Any other anticipated costs, please identify: \$ _____

You must complete and attach the pre-registration form for the in-service training to this application.

Employee's Signature

Date Submitted

DO NOT WRITE BELOW THIS LINE

DIRECTOR'S DETERMINATION

- Approved Leave at Cooperative Expense
- Approved Leave at Employee Expense
- Leave not approved

Director's Signature

Date Request Received

Comments: _____

Fax to the Cooperative office at 271-0220 or email to jessica.mcilravy@k12.sd.us.