

<sup>1</sup>DATE \_\_\_\_\_

**\*\*IN STATE ONLY\*\***

CHANDLER UNIFIED SCHOOL DISTRICT IN STATE PROFESSIONAL LEAVE REQUEST  
(SUBMIT AT LEAST 10 DAYS PRIOR TO ABSENCE)  
INCOMPLETE FORMS WILL BE RETURNED

<sup>2</sup>LEGAL NAME \_\_\_\_\_ <sup>3</sup>SCHOOL/DEPT \_\_\_\_\_

<sup>4</sup>CONTACT EMAIL \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_

<sup>5</sup>EMPLOYEE CLASSIFICATION: CERTIFIED  SUPPORT  ADMINISTRATOR

<sup>6</sup>DATES OF LEAVE (include travel days) \_\_\_\_\_

<sup>7</sup>IS A SUB NEEDED? NO  YES  <sup>8</sup>HOW MANY DAYS IS A SUB NEEDED? \_\_\_\_\_

<sup>9</sup>MODE OF TRANSPORTATION \_\_\_\_\_  
(i.e. school bus/school van/personal vehicle/air)

<sup>10</sup>PURPOSE & LOCATION OF LEAVE (MUST WRITE BRIEF EXPLANATION AND ATTACH DOCUMENTATION)

\_\_\_\_\_

\_\_\_\_\_

<sup>11</sup>WILL YOU BE PAID BY ANOTHER ENTITY FOR SERVICES PERFORMED DURING LEAVE?  
 Yes  No If yes, how much \_\_\_\_\_ By whom? \_\_\_\_\_ Other info \_\_\_\_\_

<sup>12</sup>I request district/school funds to finance this trip?  No  Yes (Complete information below)  
 Student Transportation Funds from CTE  Advisor expenses  Substitute Funds from CTE

<sup>13</sup>REQUIRED: Account code for registration \_\_\_\_\_  
Account code for all other expenses \_\_\_\_\_

ESTIMATED COST OF LEAVE		Will submit expenses upon return	
<sup>14</sup> Tuition/Registration	\$ _____	<sup>15</sup> P-Card <input type="checkbox"/> -OR- P.O. <input type="checkbox"/> see Travel Information (reverse side)	<sup>16</sup> <input type="checkbox"/>
<sup>17</sup> Housing (# days _____ x \$ _____ (room rate)	\$ _____	<sup>18</sup> P-Card <input type="checkbox"/> -OR- P.O. <input type="checkbox"/> see Travel Information (reverse side)	<sup>19</sup> <input type="checkbox"/>
<sup>20</sup> Mileage	\$ _____	(Mileage and food are estimates; reimbursement will generally not exceed maximum allowed)	<sup>21</sup> <input type="checkbox"/>
<sup>22</sup> Food	\$ _____		<sup>23</sup> <input type="checkbox"/>
Other Transportation expenses	\$ _____		<input type="checkbox"/>
<sup>24</sup> TOTAL COST	\$ _____		

<sup>25</sup>Date \_\_\_\_\_ <sup>26</sup>APPLICANT'S SIGNATURE \_\_\_\_\_

Signatures \_\_\_\_\_ Date Signed \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

<sup>28</sup>PRINCIPAL/  
APPROVAL OF FUNDS \_\_\_\_\_  
Principal's signature signifies that the school budget will be charged if appropriate funds are not available in the traveling student/chaperone group's account.

<sup>27</sup>FUNDING SOURCE SUPR. \_\_\_\_\_

ASST. SUPT. \_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_

PLEASE SEE OTHER SIDE FOR IMPORTANT INFORMATION

## TRAVEL INFORMATION

- A For *group* hotel, Terra Travel is CUSD contracted travel agency  
Catherine Musa (602) 375-1707 [Catherine@terratravelaz.com](mailto:Catherine@terratravelaz.com)
- B Once District administration approves the out of state Professional Leave Request:
- Copy of approved leave will be returned to school trip liaison & traveler
  - Make your hotel reservation: For *individual* hotel reservations, contact designated Bookstore Manager or District travel contact or use personal card and expense claim reimbursement. For *student group* use District travel contact who will reserve and pay for hotel room
  - CTE Account Tech enters requisitions into iVisions for registration & travel (if needed)
  - If not using P-Card, Purchase Order for registration will be sent to site to submit registration
  - Purchase Order for travel will be faxed/emailed to Terra Travel by Purchasing
- C *Individual* adult in-state travel needs CTE Department approval. District approval is not required

**INDIVIDUAL ADULT TRAVEL ONLY: Complete the following and attach conference documentation. When Professional Leave is approved by site, contact your designated Bookstore Manager or District travel contact to reserve and pay.**

<sup>29</sup>**Hotel Room:** # of Nights \_\_\_\_\_ Dates \_\_\_\_\_  
# of Occupants \_\_\_\_\_

<sup>30</sup>Hotel \_\_\_\_\_ <sup>31</sup>Phone # \_\_\_\_\_

<sup>32</sup>**Room** Requirements (i.e. non-smoking, handicap) \_\_\_\_\_

<sup>33</sup>**Conference** Approved Hotel  Yes  No (Only per diem allowed on non-conference hotels)

<sup>34</sup>**Conference** hotel reference information, if applicable \_\_\_\_\_