

<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>NAME \_\_\_\_\_ <sup>3</sup>SCHOOL/DEPT/GRADE \_\_\_\_\_

<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?  YES  NO <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 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)

<sup>13</sup>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> IFAS Requisition # _____ for registration	<sup>16</sup> <input type="checkbox"/>
<sup>17</sup> Housing (# days _____ x \$ _____ (room rate)	\$ _____	<sup>18</sup> IFAS Requisition # _____ for hotel	<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"/>
<sup>24</sup> TOTAL COST	\$ _____		

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

Signatures Date Signed Approved Not Approved

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

<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 group's account.

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

SUPERINTENDENT \_\_\_\_\_

PLEASE SEE OTHER SIDE FOR IMPORTANT INFORMATION

## TRAVEL INFORMATION

- Terra Travel is CUSD contracted travel agency (602) 375-1707  
Group Travel: Catherine Musa, [Catherine@terratravelaz.com](mailto:Catherine@terratravelaz.com)  
Individual Travel: Jill McCarthy (or available agent)
- Travel Agent will book and pay for the hotel room if requested.
- Travel Agent will e-mail the hotel reservation information to the traveler after the professional leave is approved.
- Once the District approves the Professional Leave Request:  
Copy of approved leave will be returned to site  
Purchase Order for registration will be sent to site to submit registration  
Purchase Order for hotel will be faxed to Terra Travel by D.O./Purchasing