

Directions

1. Reference in Outlook the Release Time Calendar for sub availability.
2. Reserve sub time on Release Time Calendar.
3. **Complete Supporting Documentation for Out-of-State travel on side 2.** Attach: A written description articulating the necessity, alignment, and anticipated value of the experience, copies of conference sessions, agenda, etc.
4. PLA form initiated by attendee if requesting to attend conference.
5. PLA to supervisor for approval. **If renting a car, signature of Director of Business Services is required. ***
6. Supervisor verifies "Substitute Work Schedule."
7. Submit to **Office of School Improvement** for submission to cabinet.
8. PLA form returned to budget manager.
Budget manager requests substitute

Name _____ Application Date _____
 Position _____ CPS ID # _____
 Building _____

I request permission to attend the following:

Name of event _____
 Location of event – City/State _____
 Name of organization sponsoring event _____
 Are you a member of this organization? Yes No
 Date(s) of event (inclusive) (m/d/yr) START _____ END _____
 Reason _____
 Return To: _____

FUNDING SOURCE		Key	Object	Amount
<input type="checkbox"/>	PD Account			\$ _____
<input type="checkbox"/>	ECA Account			\$ _____
<input type="checkbox"/>	Grant			\$ _____
<input type="checkbox"/>	Other			\$ _____
<input type="checkbox"/>	Paid by other school			\$ _____
<input type="checkbox"/>	Paid by an outside agency (Attach billing information form.)			\$ _____

Estimated cost of attendance

Number of substitute days	_____	X	\$	113.40	=	\$	_____
Lodging # of nights	_____	X	\$	_____	=	\$	_____
Meals # of days	_____	X	\$	_____	=	\$	_____
<i>(Meals not to exceed \$35.00 per day)</i>							
Registration fee* (not including any membership fee)					=	\$	_____
Transportation Air (coach fare) *	\$ _____			Intra-city transportation	\$ _____		
Rental car**	\$ _____			Mileage @ 45¢ per mile	\$ _____		
				Estimated cost of all transportation	=	\$	_____
				Total estimated cost	=	\$	_____

I understand the following:

- Prior approval *must* be received for all travel including that for which you are a presenter.
 - **Out of state travel requires the prior approval of the Superintendent's administrative team.**
 - Professional Leave Applications not approved prior to travel will not be reimbursed.
 - Advance payment of registration or airfare should be made by the District. Employees who prepay these expenses will not be reimbursed until the employee returns from their travel.
 - Expenses for **rental vehicles will not be reimbursed without prior approval of the Director of Business Services.** The District will not assume any liability for damages to rental vehicles under any circumstances.
- Rental Car Approval: Director of Business Services Signature***
- Expenses are subject to Finance Procedure Regulations. Regulations can be found <http://www.cpsk12.org/Page/5772>.

Substitute Requirements:

No Substitute Required Substitute Required
 Prearranged Substitute

Prearranged Substitutes Name _____

Prearranged by: _____ Date _____

Supervisor Indicate Substitute Work Schedule (including travel time):
 Please check – () A DAY () B DAY () C DAY () D DAY

All Day _____
 Half Day AM _____
 Half Day PM _____
 Custom (minimum 2 hours) _____

***All subs are charged as full or half day**

Confirmation # _____

 Building Principal / Supervisor's Signature Date

 Signature of Applicant Date

Approved as requested
 Maximum amount approved \$ _____
 Not approved

 Budget Manager's Signature (Supervisor *paying for expenses*) Date

PRIOR APPROVAL REQUIRED by SUPERINTENDENT'S ADMINISTRATIVE TEAM

Review Date _____ Approved: Denied: Admin. Team Signature: _____
 Comments: _____
