

Chicopee Public Schools Professional Development/Leave Request

Submit to Office of Assistant for Curriculum and Staff Development **15 Working Days** before date(s) requested

Be sure to attach required backup as directed on reverse side of this form

To be completed by Participant/Principal/Director	Name _____		School/Building _____		
	It is your responsibility to register.				
	Dept. _____		Position/Title _____		
	Conference/Workshop/Training Title _____				
	Location _____				
	Date(s) _____				
	Please describe purpose of request:				
	I require a substitute		Administrator <input type="checkbox"/>	Class coverage only <input type="checkbox"/>	
			Teacher <input type="checkbox"/>	No substitute required <input type="checkbox"/>	
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Request for Reimbursement of Anticipated Expenses <i>Expenses to be paid via purchase order must be noted</i> </div>		√ To be paid by P.O.		
Registration			\$ _____	<input type="checkbox"/>	
Transportation/mileage/tolls			\$ _____	<input type="checkbox"/>	
Lodging			\$ _____		
Other: (_____)			\$ _____		
Signature of Applicant _____		Date _____	Total	\$ _____	
Signature of Principal/Director _____		Date _____			
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Costs Paid From Site Budget <input type="checkbox"/>			

Central Office Administrators	Funding for above costs				
	<input type="checkbox"/> SPED	<input type="checkbox"/> Prin. PDP	<input type="checkbox"/> LEA	<input type="checkbox"/> Time Only	<input type="checkbox"/> Grant
	Substitute: Yes ___ No ___		Grant Description		
	Class Coverage: Yes ___ No ___		Registration	\$ _____	
			Transportation/mileage/tolls	\$ _____	
			Lodging	\$ _____	
			Other: (_____)	\$ _____	
	<u>Authorizing Signatures:</u>		Total	\$ _____	
	Assistant Superintendent:		_____	Date	_____
	Special Education Director:		_____	Date	_____
Grants Administrator:		_____	Date	_____	
Assistant for Curriculum & Staff Dev'l:		_____	Date	_____	
Superintendent of Schools:		_____	Date	_____	

Backup Required for Approved Reimbursable Expenses

For reimbursement of allowable cost(s), please submit the following to the Office of Assistant for Curriculum and Staff Development **within 30 days of completion of workshop**

Submission for Reimbursement beyond 60 days will not be honored

➡ Completed "Travel Reimbursement Expense Sheet" with the attached applicable backup

****Required Documentation for Reimbursement***

➡ **Proof of Payment by:**

➡ *Personal Check:* * copy of the canceled check (both sides) or
 * copy of the front of check and copy of statement showing check number and amount clearing

➡ *Credit Card* Copy of statement (block out all but name and applicable charges pertaining to workshop)

If possible also include a copy of the charge receipt

➡ *Other Expenses:* Original itemized receipts required for: tolls, meals, paid bills, etc.

➡ **Proof of Attendance:** Copy of Agenda, Certificate of Attendance, etc.

Should you cancel your request, please notify the Office of Assistant for Curriculum and Staff Development ASAP.