

**Sparta Community Unit School District #140**  
***PRIOR APPROVAL REQUEST FORM***  
**Professional Leave Reimbursement Request**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School/Position: \_\_\_\_\_ Substitute needed: \_\_\_\_\_

Name of Conference: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_  
(attach a copy of program/registration)

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

Value to your position/comment: \_\_\_\_\_

**ESTIMATED EXPENSES:**

\_\_\_\_\_ miles @ \_\_\_\_\_ = \_\_\_\_\_

Acct. No. \_\_\_\_\_

Other Travel: \_\_\_\_\_

Lodging: \_\_\_\_\_ days = \$ \_\_\_\_\_

Grant: \_\_\_\_\_

Sub-Teacher: \_\_\_\_\_ days = \$ \_\_\_\_\_

Registration: \_\_\_\_\_

Other: \_\_\_\_\_

\*\*\*\*\*

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_

**Approval**

**Not Approved**

Comments: \_\_\_\_\_