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

Name: _____ Date: _____

School/Position: _____ Substitute needed: YES

Name of Conference: _____

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

Location: _____

Date(s): _____

Value to your position/comment:

ESTIMATED EXPENSES:

_____ miles @ 0.760 = $0.00 Acct. No. _____

Other Travel: _____

Lodging: _____ days = $_____ Grant: _____

Sub-Teacher: _____ days = $_____

Registration: _____

Other: _____

****

Principal: _____ Date: _____

Superintendent: _____ **Approval** **Not Approved**

Comments: _____