

**DPS #170 Request for Absence**

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

To Be Completed By Individual Requesting the Activity a **Minimum of 10** School Days Prior to Event:

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Home School:** \_\_\_\_\_

**Name of Activity:** \_\_\_\_\_ **Location or City:** \_\_\_\_\_ **Date or Dates:** \_\_\_\_\_

**Event Duration:**  Whole Day  Half Day

**Substitute Need:**  Yes  No **Periods?** (If different than event) \_\_\_\_\_

Check if you are interested in the District Car.  
(You will be notified by Central Office of its availability)

**ANTICIPATED COSTS:** (Please attach a copy of the workshop/conference brochure)

**Registration Fee:**

**Lodging:**

**Estimation of Meals:**

(The district allows \$10.00 for Breakfast, \$15.00 for Lunch, and \$20.00 for Dinner - this includes the 20% tip. If you go above this amount you will be responsible for the difference. Detailed receipts must be submitted to be reimbursed.)

**Transportation/Mileage** (to and from home school, please attach mileage map) **Miles:** \_\_\_\_\_ **X**

**Tolls:** (you will need to provide receipts or IPASS print out)

**Sub Total:**

**Substitute Cost:**

Please remember this is only a request. You may proceed with registration fees and/or hotel arrangements once you have received approval confirmation from your principal.

I will not claim any college course reimbursement or college credit for this activity:

\_\_\_\_\_  
**Signature of individual requesting approval**

**To Be Completed by Principal:**  Approved  Not Approved

**TOTAL ANTICIPATED EVENT REIMBURSEMENT:**

**Charge Reimbursement to:** \_\_\_\_\_ / \_\_\_\_\_  
(line item number) (line item title)

**TOTAL ANTICIPATED SUBSTITUTE COST:**

**Charge Reimbursement to:** \_\_\_\_\_ / \_\_\_\_\_  
(line item number) (line item title)

\_\_\_\_\_  
**Signature of Principal**

\_\_\_\_\_  
**Date**

**Central Office Approval:**  Approved  Not Approved

CW  LC

\_\_\_\_\_  
**Signature of Assistant Superintendent**

\_\_\_\_\_  
**Date**

Complete and submit to the Principal, who will complete and send to the Central Office. Signed copies will be scanned and returned to the Staff Member and to the Principal within 5 days. Any supporting documentation should be attached for proper credit.