

WEST FRANKLIN USD #287 MULTI-PURPOSE FORM

WHEN TO COMPLETE FORM

CERTIFIED STAFF: For all leave types listed below

NON-CERTIFIED STAFF: For regular leave, meetings, workshops and seminars

ADMIN: For regular leave and professional development

HOW TO FILL OUT FORM BASED ON LEAVE TYPE

SECTIONS:

- | | | |
|--|---|-----|
| 1) Regular (Sick, Discretionary, Vacation, Maternity, Comp Time, Funeral) | A | C |
| 2) Contract Duty-STAFF ONLY (interviews, curriculum mtgs, literacy mtgs, custodial mtgs, etc.) | A | C |
| 3) Contract Duty-STAFF & STUDENTS (Field trips, class trips, activity trips) | A | C D |
| 4) ALL Prof. Development (workshops, seminars) EVEN IF NO SUB IS NEEDED!!!! | A | B C |

WHAT TO DO WITH THE FORM WHEN DONE: Give it to your building secretary! :0)

A EMPLOYEE & SUB INFORMATION

PLEASE NOTE: All leave is charged in 1/2 or full day increments only

EMPLOYEE NAME: _____	SICK _____	CONTRACT DUTY _____
LOCATION: AES WES WFMS WFHS WFLC DO _____	DISC _____	for: _____
DATE FORM COMPLETED: _____	VACATION _____	PROF DEV _____
DATE(S) OF REQUESTED LEAVE: _____	OTHER _____	
# OF FULL DAYS _____ &/OR # OF 1/2 DAYS: AM _____ PM _____	FUNERAL _____	(Relationship of deceased to you): _____
ATTENDANCE REQUESTED BY ADMIN Yes _____ No _____		

SUB NEEDED: YES _____ NO _____

Class Sub will be teaching: _____

GRADE: K 1 2 3 4 5 6 7 8 9 10 11 12

For NON-CERTIFIED SUBS ONLY:

(Kitchen, Secretarial & Aide Subs, PLEASE DOCUMENT HRS!!!)

Day 1:	Start: _____	End: _____	TL Hrs. _____
Day 2:	Start: _____	End: _____	TL Hrs. _____
Day 3:	Start: _____	End: _____	TL Hrs. _____
Day 4:	Start: _____	End: _____	TL Hrs. _____
Day 5:	Start: _____	End: _____	TL Hrs. _____

B PROFESSIONAL DEVELOPMENT

Name of workshop/conference: _____ Vendor (BER, SEK, etc.) _____

Departure date/time: _____ Return date/time: _____ DISTRICT VEHICLE NEEDED? Yes No

Reg. Cost: \$ _____ Are you registered yet? Yes No (Please attach registration information to this sheet either way)

Lodging Expense (if applicable)		Estimated Meal Expense				
Name of facility: _____		Max	QTY		Sub	TL
Address: _____	BFast	\$6	X	_____	=	_____
City/State/Zip _____	Lunch	\$8	X	_____	=	_____
Phone: _____	Dinner	\$10	X	_____	=	_____
Fax: _____						TOTAL

Please briefly describe how you feel this opportunity will help you professionally: _____

C EMPLOYEE & SUB SIGNATURES

EMPLOYEE SIGNATURE: _____ DATE: _____

SUB SIGNATURE: _____ DATE: _____

PRINTED SUB NAME: _____ DATE: _____

ADMINISTRATIVE REVIEW

PRINCIPAL INITIALS:	Approved _____	Denied _____	Date _____
SUPT INITIALS:	Approved _____	Denied _____	Date _____
BD APPROVAL (if applies)	Approved _____	Denied _____	Date _____

D STUDENT and ADVISOR ACTIVITY TRAVEL REQUEST/EXPENSE REIMBURSEMENT FORM
(complete for overnight or out of state trips only)

ORGANIZATION: _____ ADVISOR(S): _____ # of Students: Male _____ Female _____
 (students, sponsors, drivers) Total persons _____
 EVENT LOCATION (City/State) _____ Departure date/time: _____
 Return date/time: _____
 BRIEFLY DESCRIBE THE PURPOSE OF THIS EVENT/ACTIVITY AND THE EDUCATIONAL VALUE YOU FEEL IT WILL PROVIDE YOUR STUDENTS: _____
 Elective Participation: Y N

HAVE STUDENTS EARNED THE RIGHT TO ATTEND? Y N If so, how? _____
 SPONSOR'S SIGNATURE _____ DATE _____
 PRINCIPAL'S SIGNATURE _____ DATE _____
 SUPT'S SIGNATURE _____ DATE _____

Office Use Only
 BOARD APPROVAL REC'D: Y N
 Reason(s) for disapproval: _____

EXPENSE REIMBURSEMENT REQUEST				Amt. Requested	PREferred PAYMENT METHOD (upon Board Approval)																
Quantity	Unit Cost	Total Cost																			
REGISTRATION (PLEASE ATTACH REGISTRATION INFORMATION!!!)																					
<p><u>LODGING</u> (Pre-Pay _____ Post-Pay _____)</p> <p>Name of Facility: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>NOTE: DO staff will make reservations unless notified otherwise, we will email confirmation numbers, etc. to you.</p>																					
TRANSPORTATION																					
<p>School Vehicle Needed: Yes _____ No _____</p> <p>Van _____ Pickup Date & Time: _____</p> <p>Bus _____ Return Date & Time: _____</p> <p>Vehicle(s) Assigned: _____ (Office use only)</p>																					
MEALS																					
<p>Current Reimbursement Rates per meal: BFAS: \$6 LUNCH: \$8 DINNER: \$10</p> <p>NOTE: Please turn your receipts and any unused funds in to the District Office upon your return.</p>																					
MISC. NOTES/COMMENTS				<p>* PRE-PAY _____</p> <p>** POST-PAY _____</p> <p>*Pre-pay=you will receive requested funds up front, and will be expected to provide original receipts and unused funds after the event.</p> <p>**Post-pay=you pay initially, then turn in original receipts for reimbursement.</p> <p>PLEASE NOTE: Only ONE check will be written for PRE-PAYMENTS. If you have chosen PRE-PAYMENT, please specify here who CHECK SHOULD BE MADE OUT TO:</p>																	
<table border="1"> <thead> <tr> <th>Quantity</th> <th>Unit Cost</th> <th>Total Cost</th> <th>BREAKDOWN:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>Adv = _____</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Stud. = _____</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>TL= _____</td> </tr> </tbody> </table>				Quantity	Unit Cost	Total Cost	BREAKDOWN:				Adv = _____				Stud. = _____				TL= _____	<p>REQUISITIONS--it is NOT necessary to fill out an e-requ in addition to this form. PLEASE NOTE, only ONE check will be written for PRE-PAYMENTS; the advisor specified in above section will be responsible for distributing the funds as necessary and turning receipts in after the event.</p>	
Quantity	Unit Cost	Total Cost	BREAKDOWN:																		
			Adv = _____																		
			Stud. = _____																		
			TL= _____																		
TOTAL FUNDS REQUESTED:				(Adv. Total= _____ Student= _____)																	