CAMPBELL COUNTY SCHOOLS
REQUEST FOR TEMPORARY DUTY

If you are <u>not</u> performing your normal duties, you <u>must</u> complete this form.

⇒ This is a request only.
⇒ This form must be submitted and approved by the principal/or supervisor ten working days prior to requested travel.
⇒ An approved copy will be returned to principal and applicant.
⇒ It is the applicant's responsibility to report anticipated absence to the sub-finder system .
⇒ Applicant is responsible for making all reservations, and registrations.
⇒ All expenses related to travel will be incurred by applicant prior to reimbursement.

_____
Applicant's Name School Department

_____
Date Submitted Grade # Students Affected by Your Absence

This is a request for permission to be absent from my regular assigned duties on the following date(s).

From _____ to _____
month/day/year month/day/year

The actual number of days absent on temporary duty will be: ____ **Sub needed ☐ yes ☐ no _____ # days**

Name of Conference/Meeting Attending: _____
Location: _____
City/State

My Attendance at this Conference/Meeting Will Directly Benefit the School District and myself by:_____

At this Conference /Meeting I plan to attend the following Training Seminar(s):
_____
_____
Please attach agenda or program description if applicable.

Estimated Expenses for Which Reimbursement is to be Requested: ***<u>Sub-Total</u>***
(Receipts are required for all reimbursement in excess of $2.00 excluding mileage).
Transportation: No. Miles at 40 cents per Mile _____Other (Designate: plane, etc.) $ _____
*Meals Including Tax and Tip:
Number of Breakfasts _____ $ _____
Number of Lunches _____ $ _____
Number of Dinners _____ $ _____

Room: _____ Number of Nights $ _____
Registration Fee: $ _____
Miscellaneous Expense (Other Tips, etc.) Please List: $ _____

Totaled Estimated Expenses $_____

***Meals are only reimbursed on overnight trips or trips totaling 150 miles round trip.**

To receive reimbursement, expenses and receipts must be submitted on an official district travel voucher. Requests must be received by the second Monday of each month to be reimbursed that month.

(*This section must be completed by the Principal/Supervisor <u>prior</u> to approval by Central Office.)*
Charge to MUNIS Account Code # _____

Principal _____Date_____

Central Office Director_____Date_____

Program Coordinator _____Date_____

Revised 9/06