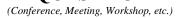
## REQUEST FOR EXCUSED ABSENCE





**DIRECTIONS:** Provide all information required and submit to the appropriate Central Office Director or Deputy Superintendent. The request must be received in the appropriate office at least two weeks prior to the proposed time of absence. Requester should complete the Event Information section and Travel Expenses column on the reverse side and then submit the Request to the appropriate Administrators for approvals. Do not use this form for personal absences.

ADMINISTRATOR or STAFF MEMBER	EMPLOYEE NAME:	BUILDING/ OFFICE:	,		
APPLYING	Print/type				
	SIGNATURE:				
	JOB TITLE: EMPLOYEE #:		YEE #:		
	DATE(s) of ABSENCE(S):  Departure  Return	Date	Time		
Attach documentation for all	NUMBER OF SCHOOL DAYS TO BE MISSED: (for this particular event)  NAME OF CONFERENCE/MEETING:				
non-District seminars, conferences, visitations, etc.)	LOCATION:				
	PURPOSE OF PARTICIPATION:				
	BENEFIT TO DISTRICT:				
	SUBSTITUTE NEEDED:	Yes N	No		
RECOMMENDATION (Building Administrator or Department Supervisor) (Superintendent signs for Chiefs)	Approved Disapproved	TITUTE: Approved Disapproved	EXPENSES:  None Recommended Not Recommended		
AUTHORIZATION	SIGNATURE:  ABSENCE: SUBS	TITLE: TITUTE:	DATE:EXPENSES:		
(Chief, Executive Director or Director who supervises the Recommender)	Approved Disapproved Disapproved	Approved Disapproved	None Recommended Not Recommended		
(Superintendent signs for Chiefs)	SIGNATURE:	TITLE:	DATE:		
AUTHORIZATION FOR PAYMENT (Director of Special Programs for F Fund or CFO/Comptroller)	EXPENSES: None	Recommended	Not Recommended		
,	SIGNATURE:	TITLE:	DATE:		
AUTHORIZATION FOR OUT-OF-STATE TRAVEL (Superintendent or Assistant	TRAVEL: Approved Disapproved				
Superintendent, if applicable)	SIGNATURE OF SUPERINTENDEN	Т:	DATE:		

## ESTIMATED TRAVEL EXPENSES

BUDGET

For reimbursement of expenditures, complete the TRAVEL EXPENSE STATEMENT form, attach all receipts, and submit with this SIGNED EXCUSED ABSENCE form to the Accounts Payable Department. Reimbursement will be processed for the authorized expenditures up to the dollar limit for which the trip was approved, unless there is written approval for any additional expenditures from the Budget Authority.

Code Number Dept. or Fund		Funded Project	Busine	Business Office Approval		
EXPENSE			ESTIMATED COST REQUEST			
TRANSPORTATION		TO REIMB				
A. Automobile_	miles at \$ per mile	\$	\$	\$		
B. Bus, Tra	ain, Plane (must book through Direct Travel 802-655-8866, option #1	,				
Riding w/Otl	ner Participant,					
District-own	ed Vehicle (receipts required)	\$	\$	\$		
C. Thruway Tol	ls (receipts required)	\$	<u> </u>	<u> </u>		
D. Other Tolls/I	Parking Charges (receipts required)	\$	<u> </u>	<u> </u>		
E. Transportation	on to and from Airport, Train Station or I	Bus				
Station (receipts req	pts required)	\$	<u> </u>	\$		
LODGING ANI	O MEALS					
A. Hotel Expen	ses/Lodging Costs only (receipts required)	\$	\$	\$		
B. Meals*: (Rat	tes per http://www.gsa.gov/portal/category/1001	20)				
Break	fasts** (based on GSA rates)	\$	\$	\$		
Lunch	nes (based on GSA rates)	\$	\$	\$		
Dinners*** (based on GSA rates)		\$	\$	\$		
** To qualify for breakfa	event will <u>not</u> eligible for reimbursement. ast reimbursement, travel departure from Syracuse must be <u>before</u> reimbursement, the return to Syracuse must be <u>after 7pm</u> .	ore 6am.				
OTHER EXPEN	ISES – e.g. Registration Fees - (receipts requ	uired) \$	\$	\$		
	SUBTOTAL EXPENS	SES: \$	\$	\$		
	TOTAL TRAVEL CO	OST: \$				
Name	Building		Date			