Clara Luper Center for Educational Services, 615 N. Classen Blvd., Oklahoma City, OK 73106 PO Box 36609, Oklahoma City, OK 73136

405-587-0000 I OKCPS.ORG

Request for Professional Development Attendance / Travel Memo / Leave Form						
Section I: Employee Event Inform	ation and /or Leav	e Requ	iest			
*Employee Name			*ID Number	*Request Date		
*Job Title			*Job Site Number an	d Name		
*Title of Professional Development Event			*Event Sponsoring Organization			
*Event Address, City, State and Zip						
	Departure Date R		Return Date	Event Date(s)	Total Days	
***Leave Request Information:						
** Per Diem Calculations Travel Days Only = .5 Days All Other Event Days = 1.0 Days						
Section II: Description	Section III: Expense Budget					
Replace the text in the boxes below			Include all expenses in the section below			
7			Type of Expense	Explanation	Cost	
			Registration Fee	,		
			_			
			<u>Transportation</u>			
			Ground Air Mileage			
			Lodging			
			Other Incidentals			
			baggage, shuttle, Uber, etc.			
			Per Diem # of days	x Per Diem		
* Accorde Navet De Att	Total expenditures will not exceed					
* Agenda Must Be Attached * Section IV: Approval Signatures and Routing						
		I				
*Traveler's eSignature						
For your consideration and approval, we recommend the above conference expense be approved for this OKCPS Employee.						
Funding Source: Determines Addition	Enter the corresponding <u>Italic</u> Text from the list to the left. This field MUST be complete.					
General Fund, Student Activity Fund & No Cost (I	No Funding Signature Requi	red)	,	ms ficia inost se complete.		
IDEA - Jason GallowayState PD - Jason GallowayTitle I / II District or Sites - Rex Wall			Required Funding Source Signature			
Routing:	1)					
I solved the covered vertices every						
2) In State (Out-of-Metro) - Requires Signature of the Supervisor and Director/Cabinet Member						
3) Out of State - Requires Signature of Supervisor, Director/Cabinet Member, Superintendent						
4) Out of Country – Superintendent						
		1				
*Supervisor's eSignature (Level I: required for items 1, 2, & 3)			*Director/Cabinet Member's/ILD eSignature (Level II: required for items 2 & 3)			
		1				
		_				
* Additional eSignature (Level II & III: as needed)		_	* Superintendent's eSignat	ture (Level III & IV: required for iter	ns 3 & 4)	

Section I:

All fields must be complete for each form submitted.

Section II:

Must be complete for leave to be approved. Electronic copy of agenda must be included with the completed form. Leave days requested must match events listed on agenda.

Section III:

Enter all known expenses.

Transportation Section:

- 1) Select the type of transportation by clicking the appropriate check box. Click all that apply.
- 2) Explain each item and associated dollar amound in the corresponding "Explaination" field.

i.e. - roundtrip mileage to Airport 172 miles \$X.XX. roundtrip ticket \$XXX.XX.

3) Enter the total in the Cost field.

Other Section:

1) Explain each item and associated dollar amound in the corresponding "Explaination" field.

i.e. - baggage \$XX.XX. shuttle to hotel \$XX.XX.

2) Enter the total in the Cost field.

Per Diem Section:

1) # of Days Per Diem Applies X amount allowed for Event City = Per Diem

i.e. - 2.5 days X 72.00 per day Per Diem = 180.00

2) Cost field will be populated by the above calculation automatically.

Section IV:

- ✓ Traveler's eSignature (for instructions on creating and inserting eSignatures, see link on Travel Page)
- ✓ Enter PR Number
- ✓ Select the appropriate "Additional Signauture Required" according to Funding Source and obtain eSignature. Forms <u>Will Not</u> be approved with out this field complete.
- Routing Click the bubble that applies
- ✓ Forward document to Supervisor for eSignature. According to Routing Selected, each approver will forward form for the next approver's signature.