

**MONROE CITY SCHOOLS**  
**2101 Roselawn Avenue**  
**Monroe, Louisiana**

**REQUEST FOR TRAVEL/ABSENCE**

**EMPLOYEE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WORK LOCATION:** \_\_\_\_\_

**Name of Meeting/Conference: (Please attach notification of meeting/conference)**

\_\_\_\_\_

**Conference Location** \_\_\_\_\_ **Conference Date(s)** \_\_\_\_\_

**Justification for participation** \_\_\_\_\_

\_\_\_\_\_

**Date(s) absent from work** \_\_\_\_\_ **Time of departure** \_\_\_\_\_

**Substitute teacher needed** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Date(s) substitute needed:**     /    /         /    /         /    /         /    /    

mo. / day / yr.      mo. / day / yr.      mo. / day / yr.      mo. / day / yr.

<b>Funding Source(s):</b>	<u><b>Amount</b></u>	<u><b>Budget Authorization Signature</b></u>
General Funds	_____	_____
Title I	_____	_____
Title II	_____	_____
Title IV	_____	_____
GEAR UP	_____	_____
IMPACTS	_____	_____
Special Ed.	_____	_____
Voc. Ed./Carl Perkins	_____	_____
Personal	_____	_____
Other (Specify) _____	_____	_____
<b>Total Amount</b>	_____	_____

**Estimated cost:** Meals \_\_\_\_\_ Lodging \_\_\_\_\_ (Tax Exempt Form Required)

Transportation \_\_\_\_\_ Registration \_\_\_\_\_

Substitute \_\_\_\_\_

**Total** \_\_\_\_\_

**Additional comments:** \_\_\_\_\_

_____ Employee Signature	Approved: _____ Department Head
Approved: _____ Principal/Supervisor	Approved: _____ Superintendent