MAINE INDIAN EDUCATION
Beatrice Rafferty, Indian Island, and Indian Township Schools

PROFESSIONAL LEAVE REQUEST
School Visitations – Attendance at Conferences or Workshops

Staff Member: _____

School/Site: _____

Leave information: Date(s) _____ Time _____

Total number of days requested: _____ With pay ____ Without pay ____

☐Administrator
☐Teacher
☐Paraprofessional
☐Cafeteria Worker
☐Custodian
☐Clerical Worker
☐Other

Name of conference or workshop: _____
(Attach copy of conference/workshop materials)

Location: _____

Who else from your school/site is planning to attend? _____

Expense amount:
Mileage_____ Registration _____
Meals _____ Other (list) _____
Lodging _____ Total _____

_____ _____
Employee Signature Date

(By requesting MIE support for this conference/workshop, the employee agrees, at the principal's or Superintendent's request, to bring back conference materials to share and/or to make a presentation to the staff or school committee.)

**Following the conference/workshop, employees are required to submit receipts for travel, except for meals, for which they received compensation. Employees may be held responsible for costs due to late cancellations.*
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Funding Source _____

_____ _____
Principal's Signature Date

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Office Use Only

Days used to date: Professional _____

Leave Approved: Professional Duty Leave with Pay ____
Without Pay _____

Funds approved (amounts):
Mileage_____
Registration _____
Meals _____
Other (list) _____
Lodging _____
Total _____

Comments: _____

_____ _____
Superintendent's Signature Date

8-13-13