


1Request for: ☐ College Credit ☐ Workshop ☐ Both P. O. # _____Employee Name: _____ ☐ MES ☐ MMS Employee Signature: _____ Date: _____★ Did an Administrator require that you attend this workshop? ☐ YES * ☐ NO *Administrator Requiring Attendance Must Sign★ Is your absence recorded in AESOP for a substitute? ☐ YES ☐ NO  _____

★ List other employees also attending this workshop: _____

2

Title of Workshop/Course _____

Date(s) of Workshop/Course _____ Time: _____

Sponsor _____ Location: _____

3**Expenses**

Registration Cost	\$	(Paid only by District Credit Card, Check, or Purchase Order)	
Estimated Cost of Meals	\$	Actual Cost of Meals	\$
Estimated Cost Lodging	\$	Actual Cost of Lodging	\$
Estimated Mileage by Car # of Miles X \$0.54* = <small>Note: use Google Maps to calculate mileage/*2016 rate (may change)</small>	\$	Actual Mileage Cost	\$
Estimated Cost of Other Method of Transportation	\$	Actual Other Transportation Cost	\$
Estimated Parking Fees	\$	Actual Parking Fees	\$
Other Items (i.e. tolls)	\$	Other Items	\$
ESTIMATED TOTAL	\$	TOTAL OWED EMPLOYEE	\$

4**College Credit Request** (Note: Lane Changes occur two times per year: September 30 and January 31)

College Credit will be earned through: _____

Course Title and Number: _____

Number of Credit Hours: _____

5**College Credit Completion** The above course(s) were completed on this date: _____

Total Cost of Tuition: \$ _____ Credit Hours: _____

Attached: ☐ Official Transcript ☐ Proof of Payment (paid detailed receipt identifying the amount of tuition paid)**THIS SECTION FOR OFFICE USE ONLY**

Signature of Building Principal _____ Date _____

☐ APPROVED☐ NOT APPROVED

Date of Reimbursement _____ Transcript Filed Date _____ Credit to Salary Schedule _____