

# LEAVE REQUEST FOR TRAINING

Name: \_\_\_\_\_ Date: \_\_\_\_\_

If other staff members are attending, please include all names on one leave request:

\_\_\_\_\_

Name of Conference or Workshop: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Registration Fee: \_\_\_\_\_

Notes regarding training or payment: \_\_\_\_\_

Will a sub be hired when you attend the conference? Yes \_\_\_\_\_ No \_\_\_\_\_

## **Payment Options:**

\_\_\_\_\_ **Purchase Order:** This is the preferred method. Complete PO to submit with request. (Agency conducting training will invoice WCED, and receive payment upon receipt of invoice.)

\_\_\_\_\_ **Hand Payable:** This option is used when payment is required at time of registration. Complete Hand Payable form and submit with request. (A check will be issued and mailed to the training agency.)

\_\_\_\_\_ **P-Card:** This option is used for training registrations which must be completed online. (Complete a purchase requisition to be submitted with request.) Online registrations will be completed after approval.

**LEAVE REQUESTS MUST BE ACCOMPANIED BY COMPLETED REGISTRATION MATERIALS AND APPROPRIATE PAYMENT FORM.**

## **Hotel:**

Is lodging needed? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, indicate dates and hotel.

Date/s of reservation: \_\_\_\_\_ Hotel Name/Location: \_\_\_\_\_

Number of rooms: \_\_\_\_\_ Other Info: \_\_\_\_\_

Reservations will be completed after approval.

## **Meals/Mileage:**

Reminder: Reimbursement for meals or other expenses can only be paid from receipts which include name of establishment, date and itemized expenses. For example, meals must include list of food ordered and not just the total amount charged.