



500 E. Sunflower Blvd., Ozawkie KS 66070

### **Paraeducator Staff Development Leave Request Form**

**\*\*This form is to be used for workshops that are NOT held/sponsored by Keystone\*\***

Date \_\_\_\_\_ (Submission deadline is 2 weeks prior to workshop/conference date)

Name \_\_\_\_\_

**\*\*You MUST submit workshop/conference information with this request\*\***

Activity/Conference \_\_\_\_\_

Date(s) \_\_\_\_\_ Have Your Registered? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_

Telephone/Fax/email \_\_\_\_\_

Lodging Information \_\_\_\_\_

State your objectives: \_\_\_\_\_

\_\_\_\_\_

Do you intend to submit a validation of activity form for this activity? YES \_\_\_\_\_ NO \_\_\_\_\_

**Estimated Expenses:**

Mileage \_\_\_\_\_  
( \_\_\_\_\_ Miles @ \$.

Lodging \_\_\_\_\_  
(Night Date(s) \_\_\_\_\_)

Meals \_\_\_\_\_  
\*(only for overnight stays)

Registration \_\_\_\_\_

Other \_\_\_\_\_  
(Parking, Toll, Etc.)

Substitute Needed(circle one) Yes No  
Number of days \_\_\_\_\_

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

<b>Administrators Use Only:</b>	
Fund to be charged	_____
_____ Mileage	_____
_____ Lodging	_____
_____ Meals	_____
_____ Registration	_____
_____ Other	_____
_____ Substitute	_____
<b>Total</b>	_____

Principal(s) \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Keystone Administrator \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

**For office Use:**

Notes from Administrator \_\_\_\_\_

\_\_\_\_ Registered \_\_\_\_ Needs to be Registered \_\_\_\_ Check Registration Status

Process Clerk Notes \_\_\_\_\_

\_\_\_\_\_