

**Northeast Kansas Education Service Center
1220 Walnut
Oskaloosa, KS 66066**

Certified Staff Professional Leave Request Form

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

****Must submit workshop/conference information with this request****

Date _____

Name _____

Activity/Conference _____

Date(s) _____

Location _____

State your objectives: _____

Substitute needed? YES _____ NO _____

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

Estimated Expenses:

Mileage _____
(_____ miles @ \$. _____)

Lodging _____

Meals _____

Registration _____

Total: _____

Administrators Use Only:

Fund to be charged _____

_____ Mileage

_____ Lodging

_____ Meals

_____ Registration

_____ **Total**

Principal(s) _____

Approved ___ Denied _____

NEKESC Administrator _____

Approved ___ Denied _____

For office Use:

___ Registered ___ Needs to be Registered ___ Check Registration Status

Special Instructions _____
