



**KIDSS Development Group Testing
601 Woodson Box 320 Lecompton, KS 66050
785-887-6711**

PROFESSIONAL LEAVE REQUEST

Name _____ **Date of Request**

Name of Workshop/Meeting

Date(s) of Meeting

Location of Meeting

Departure Date & Time

Number of work days absent

Lodging needed? Yes No

If yes, Hotel Preference

Location

Name to be reserved under **Arrival Date** **Departure Date**

Anticipated Costs	Registration Fees	<input type="text"/>
	Meals	<input type="text"/>
	Lodging	<input type="text"/>
	Mileage/Agency Vehicle	<input type="text"/>
	TOTAL	<input type="text"/>

SIGNATURES

_____ **Approved** Yes No
USD Administrator Date

_____ **Approved** Yes No
KIDSS Development Group Testing Director Date