ROCKINGHAM COUNTY SCHOOLS

Staff Development Form

Rev. 8/15

Name _____ Employee ID (last six digits of SSN) _____

School/Dept _____ Position _____

Number of Leave Days Requested	Reason for Absence	Code	Dates of Absences (MM/DD/YY)
	Absence with no deduction ❑ Approved Meeting ❑ Inservice/Workshop ❑ Staff Development ❑ Other(specify)	04-03	

Name of meeting/workshop _____

Location _____

Substitute Needed? ❑ Yes ❑ No

Fund Source ❑ Staff Development ❑ Exceptional Children
❑ Vocational ❑ Other

Budget Code for Substitute _____

Approximate Mileage ____ @ _____ = _____

Meal Reimbursement

In-State

Breakfast _____ x _____ days = _____
Lunch _____ x _____ days = _____
Dinner _____ x _____ days = _____
Lodging _____ x _____ days = _____

Out-of-State

Breakfast _____ x _____ days = _____
Lunch _____ x _____ days = _____
Dinner _____ x _____ days = _____
Lodging _____ x _____ days = _____

Other Costs (specify) _____ _____
Registration/Tuition Fee _____

Total $ _____

Fund Source ❑ Staff Development ❑ Exceptional Children
❑ Vocational ❑ Other

Budget Code _____

A travel reimbursement form must be submitted within thirty (30) days after completion of activity. Please attach a copy of this form and when applicable attach hotel and/or registration receipts. State travel regulations and rates will be followed. Meal reimbursements are available only for overnight travel.

_____ _____
EMPLOYEE'S SIGNATURE DATE

Supervisor _____ ❑ Approved ❑ Denied Date _____

Director _____ ❑ Approved ❑ Denied Date _____

White: Payroll Green: Employee Yellow: Attach to Reimbursement Request Pink: Supervisor/Director