

[Empty box for School Name]

School

Auburn School District No. 408
Auburn, Washington

STAFF PRIOR RELEASE REQUEST

[Empty box for Date(s) of Release & Travel]

Date(s) of Release & Travel

Staff Out of State/Overnight

Staff & Student Out of State/Overnight

Request is hereby made for authorization to be released from regularly assigned duties.

Name: _____ Purpose of Release/Trip: _____

Destination:

Address:

TRANSPORTATION

Mode of Transportation (Specify, see blow): _____
(Rental, Private or District Car, Plane, School Bus, Charter Bus, etc)

Self Students (# _____) Both

Cost of Transportation: _____

Acct. Code for Transportation Cost: _____

Mileage (computed at __ cents per mile) \$ _____

LODGING

Name & Location of Lodging: _____

Cost of Lodging: \$ _____

Cost of Lodging Paid By: _____

Acct. Code for Lodging Cost: _____

MISCELLANEOUS

Miscellaneous (itemize): _____

Miscellaneous (itemize): _____

Miscellaneous (itemize): _____

Acct. Code for Miscellaneous Cost: _____

MEALS

Cost of Meals: \$ _____

Cost of Meals paid By: _____

Acct. Code for Meal Cost: _____

TOTAL FOR ALL \$ _____

A substitute teacher is needed: Yes No 1/2 day (AM PM) Full Day (# days _____)

Salary Account No. _____ (must provide if "Yes" is checked)

Signature of Applicant _____ Date _____

Bus Pick-up time _____ Bus Arrival time _____ Bus Departure time _____

CHECK APPLICABLE BOXES **SUBMIT 5 WEEKS PRIOR TO TRAVEL**

Out-of-State/Overnight Travel Self Field Trip Students # of Students _____

Date (s) of Travel/Trip: _____

Chaperones: (Name and position, e.g. director, teacher/advisor, parent, etc. Must have separate prior release for all staff members.)

1) _____

Position: _____

2) _____

Position: _____

3) _____

Position: _____

AUTHORIZATION BY SCHOOL BOARD IS REQUIRED FOR OUT-OF-STATE/OVERNIGHT TRAVEL

Teacher Signature

Date

Building Approval Signature

Date

District Administrator Signature

Date

Assistant Superintendent Signature

Date

School Board Approval Signature

Date