



Please find enclosed your approved professional leave request along with two forms that need to be returned to the office after you attend the workshop/conference.

The professional Development Knowledge Validation form needs to be returned to Lushena Newman along with any pertinent information for PDC committee approval. The committee will not accept late or delayed validation forms. **They are due within 60 days of the activity.**

The Conference Expense Voucher should be returned to the accounting department Attn: Accounts Payable with all original receipts attached immediately following the workshop/conference. Vouchers must be turned in by the 5<sup>th</sup> day of each month or payment will be delayed until the following month. Please **DO NOT** put this information on your monthly mileage/expense voucher. Also, NOTE that the accounting office cannot reimburse over the original administration approved amount on your request.

Thank you



500 E. Sunflower Blvd., Ozawkie KS 66070

**Professional Leave Request Form**

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

**\*\*After principal approval submit to Keystone: ATTN: ACCTS PAYABLE\*\***

Date: \_\_\_\_\_ (Submission deadline is 3 weeks prior to workshop/conference date)

Employee Name: \_\_\_\_\_ USD Name & Number: \_\_\_\_\_

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

Activity/Conference \_\_\_\_\_  
Date(s) \_\_\_\_\_ **\*\*ALL REGISTRATION WILL BE COMPLETED BY KLS**  
Address \_\_\_\_\_  
Telephone/Fax/email \_\_\_\_\_  
Lodging Information \_\_\_\_\_

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

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

Is a KLS van needed? YES \_\_\_\_\_ NO \_\_\_\_\_

**Estimated Expenses:**

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

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

**\*\*LODGING ARRANGEMENTS WILL BE MADE BY KLS**

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

Registration \_\_\_\_\_

**\*\*REGISTRATION ARRANGMENTS WILL BE MADE BY KLS**

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

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

**\*\*IF SUB REQUIRED, AFTER APPROVAL MAKE  
ARRANGEMENTS WITH LOCAL DISTRICT**

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

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 \_\_\_\_\_  
\_\_\_\_\_

**Administrators Use Only:**

Fund to be charged \_\_\_\_\_

\_\_\_\_\_ Mileage

\_\_\_\_\_ Lodging

\_\_\_\_\_ Meals

\_\_\_\_\_ Registration

\_\_\_\_\_ Other

\_\_\_\_\_ Substitute

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

**KEYSTONE LEARNING SERVICES  
VALIDATION: KNOWLEDGE  
Activity Outside of KLS  
Appendix D**

Name \_\_\_\_\_ Assignment \_\_\_\_\_

Number of Points Requested \_\_\_\_\_

Title of Workshop/Activity \_\_\_\_\_

Location of Activity \_\_\_\_\_ Date of Activity \_\_\_\_\_

\_\_\_\_\_ KLS Improvement Goal \_\_\_\_\_ Individual Goal(s) Addressed (list on following lines)

\_\_\_\_\_  
\_\_\_\_\_

1. As a result of attending this activity, what knowledge/skill have you acquired?

\_\_\_\_\_  
\_\_\_\_\_

2. Describe how this activity connects to KLS focus areas and/or individual goals.

\_\_\_\_\_  
\_\_\_\_\_

3. Do you plan to follow up with long-term application, implementation, and/or impact?

\_\_\_ Yes \_\_\_ No (if yes, see Appendix D for earning additional points)

**For points to be validated they must be submitted for approval within 60 days of the activity.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

(attach agenda of activity)  
(make copy for your records)

\_\_\_\_\_  
Special Education Administrator's Signature

\_\_\_\_\_  
Date

**For office use only**

Number of Points Approved by PDC \_\_\_\_\_

\_\_\_ Content \_\_\_ Professional \_\_\_ Service to Profession

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Not approved (explanation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFERENCE EXPENSE VOUCHER**

**\*\*This form is for workshops that are NOT held/sponsored by KLS.\*\***



Please attach receipts and submit to KLS, ATTN: Accts. Payable by the 5<sup>th</sup> of the month for reimbursement. **DO NOT include these expenses on a monthly expense voucher.**

USD Name and Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Conference Attended: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

	Reimburse Employee	Keystone UMB Purchasing Card*	Accounts Payable Use Only
Mileage _____ Miles @ \$0.54	\$ _____	N/A	\$ _____
Meals _____ # of Days	\$ _____	\$ _____	\$ _____
Other: _____ (Parking, Tolls, Etc.)	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____

**Keystone Administrator:** \_\_\_\_\_

**Approved / Denied**  
(Circle one)

Attach DETAILED ORIGINAL Receipts!  
\*Unless on Keystone UMB Purchasing Card, please  
Attach original detailed receipts to this expense voucher.  
Absolutely NO Alcohol, Tobacco, or other unapproved  
Items will be reimbursed.