

Professional Leave Request Form (For reimbursement of expenses)

As we learn more about the Kiosk and how it can help to save us time, I wanted to clarify the process for being reimbursed for lunch, mileage, parking, etc. when submitting a **Professional Leave Form**.

When you “**Create New Request**” by choosing the “**Type of Leave**” as “**Professional**” leave, an additional form will come up on your screen that looks like the photo below:

The screenshot shows the 'Employee Kiosk' interface. The main window is titled 'New Leave Request' and contains the following fields:

- Absence FYTD 14 Day(s)
- Job: Active - SUPERINTENDENT
- Leave Type: Professional
- Reason: [Text Area]
- Start Date: 07/30/14 (Time: 07:30 AM)
- End Date: 08/06/14 (Time: 05:00 PM)
- Leave Requested in Day(s): 1.000
- Phone Where You Can Be Reached For Questions: (317) 652-4071
- Comments pertaining to this Leave Request: [Text Area]
- Sub/Title Needed? [Text Area]
- Supervisor's Name: KRAIG E HIBBOND Supervisor's Email: khibbond@wrigers.org
- Request Status: Initiated

The 'Professional Leave Details / Expenses' section includes:

- Event Location (Address): [Text Area]
- Co: [Text Area] Zip Code: [Text Area]
- Purpose of Leave / Leave Description: [Text Area]
- Estimated Costs Table:

Item	Amount
Registration Pass	0
Lodging Amount	0
Mileage Amount	0
Other Expenses Amount	0
Mileage Rate: 0.800 X 6 of Miles	0
Mileage Amount	0
Total Leave Amount	0

Buttons: Calculate, Clear Amounts

This form will allow you to place in your estimated expenses. Please complete this to the best of your ability. *In most cases you will not enter an amount for **registration**. Registration is generally covered by a separate requisition.* Use the “**other**” line item for parking amounts or other items that may apply, as applicable. Then after you have completed necessary fields, click “**Calculate**” at the bottom of the form and a total for estimated expenses will be generated. After the form is completely filled out, submit your request for approval.

After you are approved and attend your professional meeting, **keep your receipts for items that qualify for reimbursement**. Submit those receipts by attaching them to the **Professional Leave Request Form** you completed prior to your meeting on the Kiosk. To obtain and print this form, log into the Kiosk. Go to “**Leave Requests**”. Click once and a drop down menu will open. Click on “**My Processed Requests**”. See Image below.

Employee Kiosk

Filter by Date Range
 Start Date: 08/05/2014
 End Date: []
 Leave Type: All | Status: All

Approved & Expired Leave Request(s)

Job Description	Leave Type	Sub-Category	Status	Substance Needed	Last Activity Date	Start Date	End Date	Total Leave	Create Cancelation
SUPERINTENDENT	Vacation Leave		Expired	Yes	08/22/2014 01:30PM	08/04/2014 07:35AM	08/08/2014 05:09PM	3,000 (Days)	X

Number of Rows Displayed: 30
 PRINT Filtered Requests

Cancelled & Rejected Leave Request(s)
 No Cancelled & Rejected Leave Requests available for display for the entered Filter Date values.
 Please adjust FILTER START and END Dates and click GO

A list of all processed requests will be displayed. Choose the **“Details”** button next to the request that matches the professional meeting you attended and click. See Below:

Employee Kiosk

Filter by Date Range
 Start Date: 08/05/2014
 End Date: []
 Employee ID: E1000005 | Leave Type: All | Status: All

View All Approved & Expired Leave Requests for Staff

Show Approval Flow	Employee ID	Last Name	First Name	Full Name	Job Desc	Leave Type	Sub Category	Start Date	End Date	Leave Requested	Leave Used	Status	Substance Needed	Substance Information	Substituted Sub Last Name	Substituted Sub First Name	Date of Last Activity	Approval Name and Date
[]	D0000001	Deon	Adams	DEON ADAMS	TITLE I TEACHER	Professional		08/27/2014 07:50 AM	08/28/2014 04:00 AM	3,000 (Days)	Approved	Yes					08/25/2014 07:49 AM	KRISTE HIBSON 08/25/2014

Number of Rows Displayed: 20
 PRINT Approved/Expired Filtered Requests | Email Notification for Filtered Requests

This will open up a window that will allow you to view/print your form. Choose **“Print Professional Leave Request Form”** at very bottom of window. See Below:

Employee Kiosk

KHIBBING@WLS.TIGERS.ORG

Leave Request Detail

Status: Approved LMK Activity: 08/29/2014 07:46 AM

Job: 1
Job Title: TEACHER

Leave Type: Professional

Reason: LLI Training

Start Date: 08/27/2014 Start Time: 07:00 AM
End Date: 09/02/2014 End Time: 04:00 AM

Leave Requested in Days(s): 3.000 Phone: (637) 244-1422

Detail by Day

Sub Unit Needed

Sub First Name Sub Last Name

[Print PDF](#) [Close Window](#)

Professional Leave Details / Expense

Event Location (Address)
1100 Kinnear Road

Vendor Location (Address)

City: Columbus State: OH Zip Code: 43212

Purpose of Leave / Leave Description
LLI Training - "Red Kit"

24 of 600

Estimated Costs

Registration Fees:	\$0.00
(# of: 0, 123.34) (1,000) (3456.78)	
Lodging Amount:	\$0.00
(# of: 0, 123.34) (1,000) (3456.78)	
Meals Amount:	\$21.00
(# of: 0, 123.34) (1,000) (3456.78)	
Other Expenses Amount:	\$0.00
(# of: 0, 123.34) (1,000) (3456.78)	
Mileage Amount:	\$137.76
(# of: 0, 123.34) (1,000) (3456.78)	
Total Leave Amount:	\$158.76
(# of: 0, 123.34) (1,000) (3456.78)	

[PRINT the Professional Leave Request Form](#)

Transaction History

Name	Action	Comments
[User]	Form Initiated	I will be attending the LLI Training for the new third grade
[User]	Submittal Needed	
KRISTIE HIBBING	Approved	Approved - LA

[Export to CSV](#)

Number of Rows Displayed: 3

A new window will then open with a PDF of the form. It will appear Black and White. Print this PDF, update the form with **actual costs** based on the mileage you traveled and receipts that you have collected, and attach your receipts. Sign and turn in for processing with your supervisor/principal. See Below:

Professional Leave Request Form

Today's Date: 09/04/2014

Name: Eddie E Dixon Position: Title I Teacher

Start Date: August 27, 2014 Time: 07:00 AM
End Date: August 29, 2014 Time: 04:00 AM

Total Leave requested: 3 Day(s)

Reason from Leave Request: LLI Training

Location of 1100 Kinnear Road
Professional Leave Event: Columbus, OH 43212

Purpose of Meeting: LLI Training - "Red Kit"

Vendor Location:

Travel:	Estimated	Actual
Mileage \$0.560 per mile:	\$137.76	
Registration Fees:	\$0.00	
Lodging Amount:	\$0.00	
Meals Amount:	\$21.00	
Other Expenses Amount:	\$0.00	
Total Expenses Amount:	\$158.76	

**** PAID RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES ****

Comments: I will be attending the LLI Training for the new third grade "Red Kit" in Columbus Wednesday-Friday.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____