

STEUBENVILLE PUBLIC SCHOOLS

OFF-DUTY REQUEST

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Place of Meeting \_\_\_\_\_ Date of Meeting \_\_\_\_\_

Name of Organization \_\_\_\_\_

Why are you interested in attending this meeting? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you a member of this organization? \_\_\_\_\_

Do you hold an official position? \_\_\_\_\_

Do you have a particular responsibility to this meeting or to our staff? \_\_\_\_\_  
 \_\_\_\_\_

Expenses Involved	Transportation	Hotel	Meals	Other	Total
Estimate					
Actual					

Principal's Signature: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

Approved \_\_\_\_\_

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Disapproved \_\_\_\_\_

Date final report received \_\_\_\_\_

Amount approved for payment by \_\_\_\_\_

NOTE: Off-Duty Requests for more than two consecutive school days must have Board approval and should be filed with the Superintendent of Schools six weeks prior to date of meeting.

Requests for two school days or less must be filed at least two weeks prior to date of meeting.

Request must be filed in triplicate. Hotel receipt must accompany report.