

SANTA ROSA COUNTY SCHOOL BOARD TEMPORARY DUTY REQUEST FORM

Definition of Temporary Duty:

Assignment temporarily from his/her regular duty and place of employment for purpose of performing other educational services and other duties.

EMPLOYEE I.D. # _____

NAME OF EMPLOYEE	SCHOOL OR DEPARTMENT	SUBMISSION DATE				
CHECK ONE <input type="checkbox"/> Administrative <input type="checkbox"/> Instructional <input type="checkbox"/> Non-Instructional Position: _____	First date off work	Last date off work	Work time for TD			
	Date leaving	Date Returning	Hours	Days	Months	
				Year		
				Non-work time for TD		

PURPOSE _____
 PLACE _____
 CONFERENCE DATES _____

Substitute Required? YES NO

If "yes", give coding from which he/she will be paid.

Fund	Func.	Obj.	Cntr.	Project

Total Substitute Cost: _____

ESTIMATED TRAVEL EXPENSES

If there are travel expenses, who will pay for reimbursement?
 State Local Other

If "local" please fill out estimated expenses and fill out coding lines below.

	Reimbursable	Existing P.O. #	Amount of P.O.
Per Diem or Room Rate and meals			
Class C Meals			
Mileage			
Common Carrier			
Registration			
Other Fees (tolls, parking, etc.)			
TOTAL TO ENCUMBER			

Coding for local reimbursement:

Fund	Func.	Obj.	Cntr.	Project

AUTHORIZATION

I CERTIFY THAT THE TRAVEL REQUESTED IS NECESSARY FOR PERFORMANCE OF MY OFFICIAL DUTIES AND CONFORMS TO REQUIREMENTS OF SECTION 112.061, FL STATUTES, AND CHAPTER 6.01 OF THE ADMINISTRATIVE POLICY OF THE SANTA ROSA COUNTY SCHOOL BOARD.

SIGNATURE OF PERSON TRAVELING _____
 DATE _____

I CERTIFY THAT THE ABOVE REQUESTED TRAVEL IS IN CONFORMANCE WITH ALL LEGAL REQUIREMENTS AND IS NECESSARY AND/OR BENEFICIAL TO THE SANTA ROSA COUNTY SCHOOL BOARD. I FURTHER CERTIFY THAT I APPROVE SUCH TRAVEL AND THAT THE ABOVE MENTIONED FUNDS ARE ALREADY ENCUMBERED.

SIGNATURE OF SUPERVISOR _____
 DATE _____