

PINELLAS COUNTY SCHOOLS
WAIVER FOR PARTIAL REIMBURSEMENT

FOR: _____
(name of function - mandatory)

WHEN: _____
(date of function - mandatory)

PARTIAL REIMBURSEMENT

(Submit to Accounts Payable with reimbursement request.)

The undersigned employee understands that the School Board of Pinellas County, Florida, is operating the Pinellas County Schools under severe financial constraints. Under ordinary circumstances, when authorized to travel, an employee has a right to full reimbursement of the employee's travel-related expenses including, but not limited to: per diem, meals, transportation, and lodging expenses. The sources of this right are the Florida Statutes, The Florida Administrative Code, Pinellas County School Board policies, employee bargaining unit contract, or any combination of these sources. The employee recognizes that he or she has the right to compensation for these travel-related expenses but has determined to partially waive that right to induce the employee's supervisor and the School Board to permit the employee to make the trip. The employee understands that the request for travel authorization will be denied unless this waiver is submitted.

It is hereby agreed between the undersigned supervisor and employee that the employee will receive partial reimbursement of travel expenses related to the travel assignment in an amount not to exceed \$ _____; and hereby waives all rights to any travel-related expense reimbursement over and above this amount.

Date

Employee's Signature

Date

Supervisor's Signature