<u>Basic Instructions to complete and sign fillable PDF forms</u>
(For detailed instructions with screen shots, please see the link on the Business Services Resources website)

- Download the form to your computer
- Open the form in Adobe – make sure that it does not open in a web browser such as Edge or Google
    - If your form opens in the web browser do not begin to fill in the form. Close the web browser and go to your downloads folder to find the document.
    - Right click on the document and choose Open With, then open with Adobe Reader DC or Adobe Acrobat
    - If you do not have those choices, go to the Software Center on your computer and download Adobe Reader DC. *For assistance, please talk to IT. They should be able to help you download and set it as your default for pdf files.*
- Once it is opened in Adobe you should be able to fill in the information and digitally sign.
- To sign click in the signature box and follow the prompts for your digital signature.
    - If you have not set up a Window Digital Signature, please do so at this time.
    - Make sure that you choose a Windows Digital ID, the other one will require a password and the Windows ID is available across all platforms.
- <u>Before your signature is visible Adobe will ask you to save the form</u>. Please save it with your initials so that you know it is the signed version.
- Once you have signed it you can email it to the next person who needs to sign it. If you are not sure who that is, send it to the Administrative Assistant in your Department.
    - For the digital signatures to work we need you to email the forms.
    - Please do not print and scan or hand carry them to the next person.

Please do not hesitate to reach out to me if you have any issues.

Thank you for your patience as we continue to work through this new way of doing things.

Sincerely,

Gayle Jones
Business Services
Data & Reporting Specialist
865-425-9046
jgjones@ortn.edu

OAK RIDGE SCHOOLS
ONE DAY PROFESSIONAL LEAVE REQUEST

Traveler _____   **Email** _____

Location _____   **Phone Number** _____

Total number of Professional Leave days entered in Skyward [_____]

EVENT   **Date** _____   **Start Time** _____   **End Time** _____

Destination: **City** _____   **State** _____   **Zip Code** _____

Conference/Meeting: _____

Website (if applicable): _____

Name Purpose/Benefit to District: _____

ESTIMATED EXPENSES

Estimated Expense	Estimated Cost
Round trip mileage (personal vehicle) _____	_____
x $.67	

Estimated Expense	Estimated Cost
Lunch *Provided Yes No*	_____
Registration Fee	_____
Other Expenses (Parking, Gas for District Vehicle, Approved exceptions, etc Receipts Required)	_____
TOTAL ESTIMATED COST	_____

Attendee Cell Number _____

Account(s) to be expensed	% or $

Attendee Member or TN Educator License # (if applicable) _____

How name should appear on badge? _____

Your Position at ORS _____

If teacher grade/subject you teach _____

APPROVALS

Signatures		Remarks / additional information.
Traveler's Signature	*Date*	
Building/Department Signature	*Date*	
Final Approval Signature	*Date*	

Note: Please click in signature box to create/insert digital signature. Save as pdf and forward to your admin assistant/bookkeeper/grant coordinator.