

MSD OF New Durham Township

Inservice Request *

Please check appropriate item below:

_____ Teacher requests to attend Inservice

_____ Administration requests teacher to attend Inservice

Name of Inservice: _____

Reason for Attending: _____

Location of Inservice: _____

Date/s of Inservice: _____

Costs:

Inservice & material fees: \$ _____

Lodging: \$ _____

Mileage: \$ _____

Meals: \$ _____

Stipend Pay: \$ _____

Total: \$ _____

* All overnight trips must have prior approval of the School Board

Teacher's Name _____ Date

Principal's Recommendation _____ Approval _____ Denial

Principal's Signature _____ Date

Superintendent's Recommendation _____ Approval _____ Denial

Superintendent's Signature _____ Date

School Board Action: _____ Approval _____ Denial Date _____