

PROFESSIONAL PERSONNEL
INSERVICE REQUEST FORM

Request to Attend Inservice Workshop, Meeting, Conference, Etc.

Employee Name _____ Date of Request _____

(3 Weeks in Advance of Activity)

Attendance Center _____

Discipline Area _____ Grade Level _____

Purpose of Inservice _____

Official Name of Inservice Meeting _____

Location of Meeting _____

Dates: From _____ To _____

Number of School Days Involved _____

Estimated Costs: Registration \$ _____

Lodging \$ _____

Transportation \$ _____

Miles Other \$ _____

Substitute \$ _____

Total Estimated Cost \$ _____

\$25 a day for
meals – the \$25
will be pro-rated
per meal

Budget to be used to pay the fees:

MUST REQUEST USE OF SCHOOL
TRANSPORTATION OR CARPOOL-
FOR REIMBURSEMENT.

Conferences You Attended Previous Year _____

Current Year _____

Principal's Signature _____

_____ Approved _____ Disapproved

Superintendent's Signature _____

_____ Approved _____ Disapproved

Email address of teacher submitting form:

A copy of this form should be given to:

1. Superintendent
2. Admin. Assistant if a
State/Federal funded program

WRITTEN SUMMARY OF INSERVICE ACTIVITY

Highlights: Date of Meeting_____20_____

Title or Topic_____

Person(s) Featured_____

Basic Information Obtained:

Information to be shared with district staff:

Critique of Meeting:

Signature

Date