

**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 \$ \_\_\_\_\_

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 REIMBURSMENT.

Conferences You Attended Previous Year \_\_\_\_\_

Current Year \_\_\_\_\_

Principal's Signature \_\_\_\_\_

\_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved

Superintendent's Signature \_\_\_\_\_

\_\_\_\_\_ Approved    \_\_\_\_\_ Disapproved

A copy of this form should be given to:

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

Email address of teacher submitting form:

# 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