



# IN-SERVICE APPLICATION

APPLICATION FORM MUST BE SUBMITTED TO BUILDING ADMINISTRATOR ONE WEEK PRIOR TO TIME REQUESTED TO BE ABSENT.

## Procedures:

1. Complete In-Service Application and submit to Building Administrator for proper approvals.
2. **After receiving your approved In-Service application back, the attending employee should register for the conference and reserve lodging if necessary and approved.**
3. When attending the conference:
  - A. Save a copy of the conference agenda to submit with expense claim after returning from conference.
  - B. Save lodging, parking, and registration receipts for submission with expense claim. If the conference is more than one day, save all ITEMIZED FOOD receipts and credit slips for submission with expense claim.
4. Complete an Expense Claim Form and submit all receipts within one week of returning from the conference.

CONFERENCE OR COURSE WORK CRITERIA: circle appropriate number(s).  
 1) Conference or course is consistent with the District's long range/strategic plan for improving student learning;  
 2) Consistent with the District's Consolidated School Improvement Plan for improving student learning; and/or  
 3) Consistent with school-based plan for improving student learning.

Name \_\_\_\_\_ Application Date \_\_\_\_\_

Name of Activity \_\_\_\_\_

Location of Activity \_\_\_\_\_

Date(s) of Activity \_\_\_\_\_ Substitute days needed \_\_\_\_\_

Mileage to Activity (or the Oregon border) \_\_\_\_\_

Registration Fee \_\_\_\_\_  DO to Register, Purchase Order Request attached

Lodging Costs (if required) \_\_\_\_\_ Estimated Mileage Costs \_\_\_\_\_

Estimated Meal Costs \_\_\_\_\_ (\*will only reimbursed if the conference is more than 1 day AND an itemized receipt is provided)

Other Estimated Expenses (Itemize) \_\_\_\_\_

Describe briefly what you expect to gain from this program and the educational benefits that your participation will be to other teachers and to the students: \_\_\_\_\_

Funding Source:  General Fund, function \_\_\_\_\_ or In-Service Type \_\_\_\_\_

Special Fund \_\_\_\_\_

If funded from another source, please specify and include billing information: \_\_\_\_\_

Approved \_\_\_\_\_  
Administrator's Signature Date

District Office Use Only

Approved \_\_\_\_\_  
Superintendent's Signature Date

Fund to use for In-Service Expenses  No Billing  Claim against Fund \_\_\_\_\_  
 AP or PR Bill to \_\_\_\_\_

If rejected, reasons \_\_\_\_\_