Pleasant Hill School District No. 1

IN-SERVICE APPLICATION

APPLICATION FORM MUST BE SUBMITTED TO YOUR ADMINISTRATOR
TWO WEEKS PRIOR TO TIME REQUESTED TO BE ABSENT.

Procedures:

1. Complete In-Service Application and submit to your Administrator for proper approvals.
2. **After receiving your approved In-Service application back, the attending employee should register for the conference and make any reservations necessary (unless arrangements have been made for the District Office to complete the reservations).**
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 for items paid for out-of-pocket and submit 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_____

Date(s) of Activity _____ **Location of Activity**_____

Substitute Time Needed: **All Day(s)** _____ **Partial Day(s)** _____ **Time:** _____ **to**_____

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

_____ ☐ **No Billing** ☐ **Claim against Fund** _____
Fund to use for In-Service Expenses ☐ **AP or PR Bill to** _____

If rejected, reason(s)_____

Rev. 2/25