RIVERSIDE SCHOOL DISTRICT

ACT 48 PARTICIPATION FORM

Complete this form and obtain all required approvals before registering for the event.

Employee Information

Submission date: _____ Employee name: _____

PPID number: _____ Building / position: _____

Event Information

Event / conference title: _____

Provider / sponsoring organization: _____

Event date(s): _____ Location / online link: _____

Act 48 hours requested: _____ Provider contact / email: _____

Purpose and connection to your professional responsibilities:

_____

_____

Estimated Costs

Enter $0 for any expense not requested. Reimbursement requires proper receipts / proof.

Expense	Estimated cost
Registration	$ _____
Lodging	$ _____
Meals	$ _____
Travel expenses such as tolls and parking	$ _____
Mileage: _____ miles × approved rate $_____	$ _____
Miscellaneous: _____	$ _____
Substitute: _____ days × current daily rate $_____	$ _____
TOTAL REQUESTED COST	$ _____

Substitute teacher needed? ☐ Yes ☐ No

Required Supporting Documents

Upload any documents pertaining to this event with your submission, including the agenda or event description, provider contact information, registration details, and estimated costs. Upload receipts, mileage documentation, and any certificate of completion or attendance when available.

Required Approvals

BUILDING PRINCIPAL MUST SIGN OFF

Building principal name: _____ RHS: Dr. Mina Ardestani

☐ Approved ☐ Disapproved Signature: _____ Date: _____

Superintendent: Dr. Dan Gilroy

☐ Approved ☐ Disapproved Signature: _____ Date: _____

TOTAL APPROVED COSTS: $_____

Do not register until all required signatures have been obtained. Reimbursement is limited to the approved amount and remains subject to district requirements. Meals for NEIU, LIU, or local conferences are not reimbursable.