# Staff In-service Approval Form

MARRIORS

Your Name:

ES IS MS HS PUPIL SERVICES

Name of Event:

Start Date:

Location:

Website:

Attach flyer, brochure, web page or other printed documentation describing the opportunity. How will this in-service improve or enrich your teaching or your assigned position? How will you share this information with your colleagues?

## Request Funds >

The district may pay **up to \$350** of your in-service costs if your request is approved. Please list your expenses in the table to the right.

### Is a substitute teacher needed? Q YES Q NO

\* Substitute cost = \$133.00 per full day or \$66.50 per half day.

End Date:

\*\* Only include mileage reimbursement if a school vehicle is not available.

Submit this form to your administrator.

Staff Member: \_\_\_\_\_ Date \_\_\_\_\_

Administrator: \_\_\_\_\_

Date \_\_\_\_\_ 🕨

# Your request is: 🛛 Approved 🛛 🖵 Denied

Dir. of Instruction: \_\_\_\_\_

Date \_\_\_\_

### If your request is approved, you must:

- ✓ Register yourself for your event
- ✓ Arrange lodging for your event if needed
- ✓ Submit a "Request for Leave" form through usual process
- $\checkmark$  Reserve a school vehicle using the "Transportation Request" form

You are expected to drive a school vehicle if one is available. If you choose to drive your own vehicle, mileage will not be reimbursed unless a school vehicle was unavailable.

ExpenseAmount RequestedSubstitute\*Registration FeeLodgingMileage\*\*OtherTOTAL (up to \$350)

## ADMINISTRATOR USE ONLY

Teacher In-service
 Big Three
 Carl Perkins

Title I
Flow Through
Other:

*Please provide a copy of this completed and signed form to the following:* 

- District Office
- Your Administrator
- Substitute Coordinator