

Please submit in duplicate to the principal / supervisor.

Riverside Local School District
PROFESSIONAL IN-SERVICE MEETING APPLICATION FORM
CLASSIFIED EMPLOYEES

Applicant Information:

OAPSE Activity? Yes No

Name _____

OAPSE Approval _____

Present Assignment _____

Building _____

Workshop/Conference Title _____

Date(s) and Time(s) of Workshop/Conference _____

Presented/Sponsored By _____ Location _____

Workshop/Conference Objectives (please attach a copy of the program agenda to this form):

How will you be able to share the knowledge/benefits of this activity with other staff?

Itemized Cost Estimates: Treasurer's Signature _____ Funds Approved
 Funds Not Approved

Fare, Parking (described) _____ \$ _____

Mileage _____ @ **0.575** c/mile \$ _____

Lodging _____ @ _____ /night \$ _____

Meeting registration, banquets, etc.* \$ _____

Meals (other than above) \$ _____

TOTAL COSTS \$ _____

**If prepayment of the registration is required, please attach all needed registration forms and submit this request sufficiently far in advance to allow the treasurer's office to process and mail the check.*

Applicant's Signature _____ Date _____

Principal's / Supervisor's Signature _____ Date _____

Superintendent's Signature _____ Date _____

Attendance Approved

Attendance Not Approved

Revised 1/1/2020