

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 \_\_\_\_\_ @ **0.585** 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 1/3/2022*