

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 _____ @ 0.625 _____ 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 7/1/2022