

APPENDIX D

**Riverside Local School District
PROFESSIONAL IN-SERVICE MEETING APPLICATION FORM
AND L.P.D.C. PRE-AP-PROVAL REQUEST FOR WORKSHOP/CONFERENCE**

DIRECTIONS: Submit two (2) completed copies of this form, signed by the building principal, to the Central Administrative Office prior to the activity. The request will be reviewed by the Local Professional Development Committee and the Superintendent or designee. A copy of the processed application will be returned to the certificated staff member indicating whether attendance at the activity is approved and whether the L.P.D.C. pre-approves CEU credit. *Revised 1/3/2022*

Applicant Information:

Name _____ Association Activity? Yes No
Present Assignment: _____ Building: _____
Workshop/Conference Title: _____
Date(s) and Time(s) of Workshop/Conference _____
Presented/Sponsored by _____
Location _____
Requesting PDUs or CEUs?* No Yes: # Requested _____ This form will be forwarded to the LPDC.
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?

(If Applicable) To which IPDP goal(s) does this activity relate? Describe. (Use the back if more space is needed.)

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

Fare, parking (describe)	\$ _____
Mileage _____ @ \$0.585¢/mile	\$ _____
Lodging _____ @ _____/night (+ Taxes)	\$ _____
Meeting registration, banquets, etc.**	\$ _____
Meals (other than above)	\$ _____
TOTAL COST	\$ _____

*It is the applicant's responsibility to obtain a record of participation, for instance a certificate of completion issued by the presenter, for this activity and submit it to the L.P.D.C. to receive CEU credit.

**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 Signature _____ Superintendent's Signature _____

Attendance Approved Attendance Not Approved

LPDC Pre-Review: <input type="checkbox"/> CEUs Pre-Approved* Date _____ Comments: _____	LPDC CEU Approval: Date _____ # Approved _____ Comments: _____
LPDC Signature _____	LPDC Signature _____