

LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

1343 E 7<sup>th</sup> St, Lockport, IL 60441

815.838.8080(p)

815.838.8086(f)

Inservice or Professional Leave Request

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Position: \_\_\_\_\_ Site: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Instructions for completing this form:

In order to be approved, the in-service activity must directly follow the Comprehensive Personnel Development Plan of LASEC and meet guidelines of Federal, State and County In-service Plans. The information is requested to meet these requirements.

- 1. Submit the completed request to your immediate supervisor.
a. Request must be made minimally, two (2) weeks in advance.
b. If LASEC is paying the pre-registration fee, the request must be submitted three (3) weeks prior to the pre-registration deadline.
2. Itemize the estimated allowable expenditures.
a. Pre-registration is encouraged, if applicable.
b. Estimate all cost including travel and total.
3. Reimbursement is based on the pre-approval expenses and submissions of required evaluation and applicable receipts.
4. Submit Absence Form along with this request.

Completion of Registration Form is the responsibility of the employee making the request.

SECTION I: Anticipated Expenses

Pre-registration Fee \$ \_\_\_\_\_

To be sent by LASEC (Preferred) To be sent by employee/reimbursed by LASEC

Lodging \$ \_\_\_\_\_ Travel \$ \_\_\_\_\_ Other \$ \_\_\_\_\_
(Explain \_\_\_\_\_)

Total: \$ \_\_\_\_\_ (REQUIRED)

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**Inservice or Professional Leave Request**

**SECTION II: Inservice/Project Description**

1. Name of in-service/professional leave day (Please attached conference brochure or inservice description:

\_\_\_\_\_

Date: \_\_\_\_\_

Location of In-service: \_\_\_\_\_

Substitute required?     Yes             No

2. Statement of need. (Why are you requesting to take part in this in-service)

3. Evaluation Procedure: Submit **In-service Professional Leave Reflection Form** with handouts to the Staff Development Coordinator. Reimbursement request submitted without form and handouts will be returned without approval.

4. Recommendation of Coordinator/immediate supervisor:

**Date Received:** \_\_\_\_\_

Approval

Deny

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

Comments: \_\_\_\_\_

\_\_\_\_\_

**Return completed form to Executive Director for approval.**

5. Recommendation of Executive Director

This plan appears to meet guidelines and is approved.

This plan does not appear to meet guidelines and is not approved.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Executive Director's Signature

\_\_\_\_\_  
Date