

# REQUEST FOR INSERVICE OR PROFESSIONAL LEAVE DAY

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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  To be sent by employee/reimbursed by LASEC

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

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

## **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

(Continue on back)

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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

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Original: Business Office

cc: Employee

Staff Development Coordinator