

SD No. 85 APPLICATION FOR INSERVICE

Name: _____ School: _____ Date: _____

ADMIN ___ TEACHER ___ CUPE ___ Position: _____

Inservice Description: _____

Date(s): _____ Location(s): _____

Explain relevance of this inservice to current position: _____

Dates and Hours of Absence From Work (including dates for any required travel):

Day 1: _____ Date _____ Hours _____ Day 3: _____ Date _____ Hours _____

Day 2: _____ Date _____ Hours _____ Day 4: _____ Date _____ Hours _____

Attach a separate sheet for any additional days.

Will a replacement staff person be required to cover your absence? _____

Estimated Registration, Travel, Accommodation and Meal Expenses:

Mileage: _____ Km @ \$0.53: \$ _____	Registration: \$ _____
Taxi/Bus/Ferry Costs: \$ _____	Meals: B\$9/L\$15/D\$21/: \$ _____
Air Fare Costs: \$ _____	Total Cost Estimate: \$ _____
Accommodation: \$ _____	

Complete budget code if known:

Budget Code 1: _____ Budget Code 2: _____

If this application is approved, I agree to submit a report on the above activity upon request. I understand that I will not be paid for time spent outside of my normal hours or months of work and that my expense claim may be limited to a maximum reimbursement. I agree that any claimed expenses will not exceed the approved amount.

You will need to complete a travel claim form as soon as possible after the activity.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Approval for this inservice activity, including any required leave of absence has been granted:

Supervisor Signature: _____ (Y) _____ (N)

Superintendent or S-T: _____ (Y) _____ (N)

Maximum Expense Reimbursement: \$ _____