



APPLICATION FOR INSERVICE

***ATTACH SUPPORTING DOCUMENTS**

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: _____ Day 3: _____
Date Hours Date Hours

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

Attach a separate sheet for any additional days.

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

Estimated cost of replacement: \$ _____

Estimated Registration, Travel, Accommodation and Meal Expenses:

Mileage: _____ km @ \$0.68 \$ _____ Registration: \$ _____

Taxi/Bus/Ferry Costs: \$ _____ Meals: B\$15/L\$20/D\$30: \$ _____

Air Fare Costs: \$ _____ Accommodation: \$ _____

Total Cost Estimate: \$ _____

Complete budget code if known: Code 1: _____ 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 expense 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: \$ _____