

**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 1/1/2025*

**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 _____ @ \$0.70 ¢/mile	\$ _____
Lodging _____ @ _____/night (+ Taxes)	\$ _____
Meeting registration, banquets, etc.**	\$ _____
Meals (other than above)	\$ _____
<b>TOTAL COST</b>	\$ _____

\*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

<b>LPDC Pre-Review:</b> <input type="checkbox"/> CEUs Pre-Approved*	<b>LPDC CEU Approval:</b> Date _____
Date _____ <input type="checkbox"/> CEUs Not Pre-Approved	# Approved _____
Comments: _____	Comments: _____
LPDC Signature _____	LPDC Signature _____