

LAKE STEVENS SCHOOL DISTRICT NO. 4
Lake Stevens, Washington 98258

WORKSHOP/OBSERVATION REQUEST FORM

Guidelines:

1. The request should be submitted fourteen (14) days in advance of the attendance date and returned to the employee seven (7) days in advance.
2. The applicant should submit the request to his/her immediate supervisor.
3. The supervisor will then submit the approved request to the Director of Instruction and the Superintendent.
4. Approval or rejection of the request will be made using the following criteria:
 - a) District fund availability and cost to the school district.
 - b) Anticipated benefits to be gained by the school district and the possible effect on the educational program for the students of the district.
 - c) Dissemination plan to other district staff members.
 - d) Attendance requirement by state agencies.
 - e) Availability of substitutes (when required).
 - f) How recently the individual has attended other approved workshops/observations.

LAKE STEVENS SCHOOL DISTRICT NO. 4
 CERTIFICATED EMPLOYEE WORKSHOP OBSERVATION REQUEST

1. Request should be filled out and submitted to supervisor 14 days in advance of attendance date and returned to applicant 7 days prior to event.

2. Applicant must submit Travel Voucher with substantiating data to Business Office for reimbursement after workshop/observation.

TO BE FILLED OUT BY APPLICANT

Name _____ Bldg. _____

Date Submitting Request _____ Tching.Assign. _____

Request is for _____ Observation _____ Workshop _____

Other(Describe) _____

Date(s) of Attendance _____

Place of Attendance _____

Purpose or Objectives of Activity: _____

Dissemination Plan _____

ESTIMATED COST _____ **TOTAL COST** _____

BUSINESS OFFICE USE
TOTAL ACTUAL COST

_____ Meals _____

_____ Nights Lodging _____

_____ Miles (@.405) _____

Registration Fee _____

Substitute Required _____

Other Costs (Please List) _____

TOTAL EST. COSTS _____

TO BE FILLEED OUT BY SUPERVISOR

1. Expenses for this activity should be _____ Approved _____ Rejected

2. Reasons for this recommendation: _____

3. Type of follow-up report recommended _____

4. Budget Account Code(s): _____

5. Supervisor's Signature _____

6. Director of Instruction _____

TO BE FILLED OUT BY SUPERINTENDENT

1. Expenses for this activity should be _____ Approved _____ Rejected

2. Reason _____

3. Comments and/or limitations _____

Signature _____ Date _____

ROUTE REQUEST TO:

- (1) Supervisor
- (2) Director of Instruction
- (3) Superintendent
- (4) Send Signed Copy to Accounts Payable
- (5) Return to Building
- (6) Return Original to Applicant