

Choices In Community Living, Inc.

INSERVICE REQUEST FORM

All employees must complete this form to request approval for attendance at and financing of workshops or inservices. It is necessary to attach a copy of the flyer or brochure that details the inservice requested to this form .

Please fill out one form per employee. Give the completed form to your supervisor. You will have confirmation or denial of your attendance as soon as possible.

Employee: _____ Position: _____

Title of Conference/Course/Training: _____

Date of Inservice: _____ Time of Inservice: _____

Place: _____
City State Zip Code

Phone Number: _____ Contact Person: _____

Sponsored By: _____

Registration Fee: Yes _____ No _____ If yes, amount: \$ _____

Employee: _____ Date: _____
Signature

Circle One

Supervisor: _____ Approved / Denied
Signature Date

Program Director: _____ Approved / Denied
Signature Date

Human Resources Director: _____ Approved / Denied
Signature Date

Attendance is approved / denied for: _____

Title: _____ Date: _____ Time: _____

Location: _____