

# Utilization of Inservice Allocation for Workshops/Conferences/Building-Based Training



Please check one: PT  OP  Para

Employees requesting utilization of the negotiated allocated of Inservice Hours pay for building-based training or workshops and conferences **“outside” the district**, must complete and submit this form to their principal/supervisor for approval in advance of the proposed training date. No employee is authorized, nor will be paid, for more than the negotiated allocation of inservice hours available. It is the responsibility of the employee to keep a record of their inservice hours to ensure hours are available for below use.

- Attending Building-based Training Outside of Normal Work Hours (only if sign-in not provided.)  
***(Paras are limited to 6 hours of extra pay for building-based training.)***
- Attending Workshops and Conferences Outside of District During Non-Work Hours  
***(Please attach verification documentation and proof of attendance.)***

**PART I:**

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Work Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date(s) and hour(s) of training attended:

**Hours must be submitted in the month attended or as close as reasonably possible at month end.**

<b>Training:</b>						
<b>Date(s):</b>						<b><u>TOTAL HRS</u></b>
<b>Hours:</b>						

**Supervisor Pre-approval:**

Date of Pre-approval: \_\_\_\_\_ Principal/Supervisor signature: \_\_\_\_\_

**CERTIFICATION:**

I hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against Tacoma School District No. 10.

**Employee’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART II:**

**Supervisor Verification of Hours Worked:** (To be completed **AFTER** training has taken place.)

This is to verify that the above-referenced employee attended training for a total of \_\_\_\_\_ hours .

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*Submit this form (PLEASE NO DUPLICATES) to Classified Staff Development CAB 6<sup>th</sup> Floor\*\*\*\***

**PART III: Staff Development Office Use Only**

Number of hours approved for payment: \_\_\_\_\_ Staff Development Representative: \_\_\_\_\_