TRAVERSE CITY AREA PUBLIC SCHOOLS

Request for Inservice Time

NAME OF INSERVICE: _____

DATE OF INSERVICE: _____

TIME OF INSERVICE: _____

LOCATION OF INSERVICE: _____

REASON CODE: _____

☒ Inservice date was approved by Substitute Office.
This request form must be submitted TWO WEEKS in advance of requested date.

Teacher's Name	School/Dept.	Grade/Subject	Is Substitute Required? (YES or NO)	Time Class Begins

Guest Teacher Cost _____

_____
Authorized Signature