



# Seventh-day Adventist<sup>®</sup> Church

ILLINOIS CONFERENCE

## CONTINUING EDUCATION FORM

NAME \_\_\_\_\_ Date of Request \_\_\_\_\_

### \*DATE AND DESCRIPTION

Date(s) of Event: _____	
Departure date: _____	Return Date: _____ Total days including travel: _____
Description of Event: _____ _____	
Location of Event: _____	
Instructor(s) Name: _____	
Number of hours Instruction in this Course: _____	
Amount of Continuing Education Funds Requested: _____ (RECEIPTS REQUIRED)	

**\*Form must be submitted at least SIX weeks before the event and approved prior to making trip arrangements. Events requiring more than one week away from work should be requested at least 8 weeks in advance. Last-minute requests will not be considered except in an extraordinary situation.**

**Note:** International travel requests must be in accordance with NAD C 15. Please allow time for additional paperwork to be completed.

### FOR ADMINISTRATIVE USE

<input type="checkbox"/>	Ministerial Department Approval by _____ on ____/____/____
<input type="checkbox"/>	ADCOM Approval by _____ on ____/____/____ Action # _____
<input type="checkbox"/>	Sent to the Treasury Department on ____/____/____
	Amount of Financial Assistance to be Allowed: \$ _____ *
	Balance of Continuing Education Funds Remaining: \$ _____
	<b><i>*Receipts must be submitted before funds will be released.</i></b>
<input type="checkbox"/>	Returned to the Applicant on ____/____/____