



WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

In Home Supportive Services (IHSS) Training Academy Travel Reimbursement Pre-Approval Request Form

Please complete this form and submit it to the California Department of Social Services (CDSS), Adult Programs Division, Training and Development Unit, within two weeks of the training start date, at: IHSS-Training@dss.ca.gov.

Ensure all fields are filled out to ensure timely processing.

Name of Participant(s): _____

County & IHSS county office address: _____

County & Training Venue address: _____

Reason for traveling outside of Region: _____

Type of Reimbursement Requested:

Mileage Only:

Lodging Only:

Mileage & Lodging:

Mileage Calculator: (estimate only, not final mileage)

Miles from office to training X Number of days X Number of cars = Total estimate

_____ X _____ X _____ = _____

Lodging Calculator: (estimate only, not final lodging total)

Cost of room X Number of rooms X Number of nights = Total estimate

_____ X _____ X _____ = _____

Supervisor Approval Obtained: Yes No (provide reason: _____)

Questions and/or concerns may be emailed to IHSS-Training@dss.ca.gov.

CDSS TO COMPLETE THIS SECTION

Approved: _____

Denied: _____

Reason Code: _____

CDSS Staff Initials: _____

Date: _____