

STAFF DEVELOPMENT CREDIT APPLICATION

Name _____ Date _____

School _____

Subjects Taught/Work Assignment _____
(Elementary, Music, Geometry etc.)

Number of hours requested _____

Name of Workshop/Training/Class/Etc. _____

Related field or subject _____

Location held _____

Dates held _____

Instructor _____

Signature of Principal* _____

Date _____ () Approved () Not-Approved

Signature of Director * _____

Date _____ () Approved () Not-Approved

Approval conditional based upon days of instruction approved by Board following snow days, flood days, etc.

Reason for Disapproval _____

***Both signatures required**

Activities must occur after July 1 for credit during current year