

FOR OFFICE USE ONLY:

___ CLU's for highly qualified

___ CLU's for re-licensure

PROFESSIONAL DEVELOPMENT

**&
BANKING HOURS**

REVISED FORM: 10/20/04

Professional Development Only
Confirmation #:

REQUEST & APPROVAL GSMU FORM

Name of Inservice: _____ Date(s): _____

Program of Essential Instruction: _____ Number of Days of Inservice: _____

Time: _____ Contact Hours: _____ Location: _____ Room #: _____

Instructor(s)/Facilitator(s) Name(s): _____

Instructor's Phone Number: _____ Instructor's E-Mail Address: _____

Description of Inservice:

Follow-Up /Support: _____ Person Responsible: _____

Subject Area: _____ Grade Level(s): _____ Funding Source: _____

Opened to (Please Check All That Apply): Teachers Paras Administrators

(If Administrators Are Involved, SUPERINTENDENT'S APPROVAL _____)

School Site Only Non-Public School Employees Other School Districts Committee Members Only

Check All That Apply: ___Mandatory Attendance ___Voluntary Attendance ___Subs Provided

___Stipends Provided ___Banking Hours ___Event (Participants Do Not Sign In)

Special Materials for Participants to Bring: _____

Number of Participants (If This Is An Event, Write "0"): _____

Contact Person to Take Attendance and Transcript Courses, Receive banking certificates, Sign-In Sheets, Etc:

Name: _____ Location: _____

Administrator's/Supervisor's Signature: _____ Date: _____

Send request form **four weeks prior** to requested date to Holly Broom, Coordinator of Professional Development, at Jefferson East for approval. No information should be disseminated until approval is granted by the coordinator. **Participants must have permission from their site's administrator to attend inservice/workshop during school hours.**

APPROVED BY: _____

Holly Broom, Ph.D., Coordinator of Professional Development

NOT APPROVED FOR THE FOLLOWING REASON(S): _____ (Be sure to Reschedule or Cancel Room Reservation)

RECEIVED BY PROFESSIONAL DEVELOPMENT _____ PLACED ON GO SIGN ME UP _____

Original: Professional Development Office

Copy to: Administrator/Supervisor

Copy to: Contact Person