

REQUEST FOR CAREER ENHANCEMENT HOURS

NAME: _____ DATE: _____

POSITION: _____ SCHOOL: _____

COURSE NAME: _____ DATE OF COURSE: _____

PRESENTER: _____ NUMBER OF HOURS _____

CREDIT HOURS: Graduate: _____

Please give a complete explanation of expected professional growth:

Long-term Goals:

Provide a description of the course or attach a brochure:

Approved by Supervisor _____ Date _____

Accepted by Superintendent _____ Date _____

Approval Signature _____ Date _____

Not Accepted by Superintendent _____

Reason for Non-acceptance

Please fill this form out completely and return to the superintendent's office. Application with incomplete information or blank areas may delay consideration. Proof the class was taken must be filed with the business manager by **JUNE 15**.