Inservice Approval Form

Have completed form signed by your building Principal/Director prior to workshop.

Take completed form to the workshop and be sure to sign attendance sheet.

The Presenter will sign and return to the Teacher Center -West Henrietta Educational Building.

IF workshop is held outside the district, please call the Teacher Center at 359-7970 to be sure it is eligable for inservice compensation. If so, please have the Presenter sign this form and return the form yourself to the Teacher Center.

PLEASE Print Clearly

1) RH Teacher Center Workshop/Study Group Title *(One Workshop per form):*

_____

2) Workshop # _____ *OR* Study Group # _____

3) Presenter's/Leader's Name(s): _____

4) Program Dates Clock Hours

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total Hours:	_____

For Inservice Programs NOT offered by the R-H Teacher Center please contact the Teacher Center Director PRIOR to completing this form to see IF it will be compensated.

Administrative Approval to Attend:

_____

Principal/Director/Supervisor Signature

_____

Presenter's/Leader's Signature**

** Signature will verify the attendance of the participant for payroll purposes

5) NAME: _____

First Name *Last Name*

6) YOUR BUILDING:

- ☐ Crane
- ☐ Fyle
- ☐ Leary
- ☐ Sherman
- ☐ Winslow
- ☐ Burger
- ☐ Roth
- ☐ Academy
- ☐ RHSHS
- ☐ Administration
- ☐ Vollmer
- ☐ W.H.E.B.
- ☐ Operations

7) Employee Number: _____

You MUST fill in to receive compensation

*Your Employee Number can be found on the back of your ID Badge (BC#).

7) Social Security #: ___ - ___ - _____

8) CHECK ONE :

☐ Certified Employee as per Teacher's Chapter Contract

☐ Classified Employee paid by hourly rate:

Fill in Hourly Rate: $ _____

For Office Use Only

Amount Due $ ____.____

2/05