

BYRON-BERGEN CENTRAL SCHOOLS
REQUEST FOR IN-SERVICE CREDIT
PRIOR APPROVAL

Submit this completed form and course description to the Superintendent for approval.

Name: _____ **Today's Date:** _____

Title of Program: _____

Date(s) of Work: _____ **Facilitator/Presenter:** _____

Number of Service Clock Hours* (does not include meal time): _____ **Location:** _____
**15 clock hours = 1 credit hour*

Please discuss below how this course will enhance your content knowledge and/or instructional ability:

Teacher's Signature _____
Date

Approval: **Yes** **No**

Superintendent's Signature _____
Date

Copy to be given to Payroll/Attendance for notification purposes.