

**APPENDIX A: APPLICATION FOR APPROVAL OF AN INDEPENDENT
IN-SERVICE COURSE**

Send this completed form to the Director of Human Resources.

Name: _____ **Date:** _____

1. In-service Course(s) _____

2. Outline: Please attach a one-page, typed, course outline or course offer description.

3. Number of In-service Credits _____
In-service credit is awarded at the rate of one in-service credit for each fifteen hours of instruction.

4. Organization sponsoring the In-service Course _____

5. Rationale for the Course (Needs Statement Justification) _____

6. Dates and Times of Course Meetings _____

Consistent with Professional Development Plan: Yes _____ No _____

APPROVED: _____ **DISAPPROVED:** _____ **IN-SERVICE CREDITS:** _____

SIGNED: _____
Director of Human Resources