

ROSCOE CENTRAL SCHOOL DISTRICT

IN-SERVICE COURSE APPROVAL FORM

_____ Hereby requests as per the
(Name of Teacher)

Roscoe Teacher's Association agreement Article XVI - Professional Improvement salary credit for the following course:

(Name of Course)

(Instructor)

(Date of Course)

(Total Class Hours)

(date filed)

(Applicant's Signature)

(Principal's Signature)

(Date)

In order to process hours for salary credit, signature of the instructor verifying attendance is necessary.

(Instructor's Signature)

(Date)

Return completed form to the Business Office