



Greenville Central School District

P.O. Box 129

Greenville, NY 12083 (Must be submitted in advance of the first class)

Professional Development

Prior Approval Form

Name: _____ Date Submitted: _____

The above individual is requesting permission to participate in the activity described below and all credit, receipts, and reimbursement of funds will be made in compliance with the regulations and policy of the Greenville Central School District and the GFA collective bargaining agreement.

Assignment (check one): Teacher Teaching Assistant PPS

Course Title: _____

Instructor: _____ Course/Catalog #: _____

Description of Activity:

Professional Value (of activity to classroom instruction):

Course Dates: Begin: _____ End: _____

Time of Day: Begin: _____ End: _____

Length of Each Session: _____ Number of Sessions: _____

Location: _____

Other than GCRTC or GCSD courses, if the activity is off campus, provide a brochure or written description. A document verifying attendance and approved number of credits is required and it is the responsibility of the participant to ensure that it is sent to the Personnel Office for any credit or salary adjustment.

Expected Credit: Inservice Specify Clock hours: _____
Required Professional Hours Specify Clock hours: _____
Graduate Specify Graduate credits: _____
For Certification Yes _____ No _____

For office use only

Explanation / Recommendations: _____

Recommended Not Recommended Administrator's Signature: _____ Date: _____

Explanation / Recommendations: _____

Approved Not Approved* Superintendent's Signature: _____ Date: _____

*If not approved, return to Applicant with explanation of declination or revisions required:

Routing: Applicant Principal Personnel Office Superintendent
6/09 Original: District Office Personnel File
xc: Employee