

Request to Earn Curriculum Development Points

NAME:
SCHOOL:

Please describe the proposed activity.

Anticipated number of hours: _____

Approved by: _____
Instructional Supervisor
Date

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I have completed the activity listed above.

Total number of hours: \_\_\_\_\_

\_\_\_\_\_  
*Signature*
*Date*

|                                                                                                 |                |
|-------------------------------------------------------------------------------------------------|----------------|
| <b>For office use</b>                                                                           |                |
| Points awarded _____                                                                            | Option # _____ |
| Approved by _____<br><span style="margin-left: 50px;"><i>Director of Human Resources</i></span> | Date _____     |