

Pre-Approval for Act 48 Hours

Please complete all blanks in each box and submit this form to the PD committee.

ALL REQUESTS MUST BE PRE-APPROVED.

Employee's Name: _____	
Area of Certification: _____	
Building: _____	Date of request: _____
Title of Activity: _____	
Presented by: _____	
Date(s) of Event: _____	
Times (each day): _____	Hours to be earned: _____ (Please attach conference agenda)

Act 48 Activity Types: <i>(Please check one.)</i>	
<input type="checkbox"/> Teaching and Learning Professional Development	<input type="checkbox"/> Student Social and Health Issues
<input type="checkbox"/> Standards Area Curriculum and Assessment	<input type="checkbox"/> School Administration
<input type="checkbox"/> Academic Content Studies	
<input type="checkbox"/> Technology	

PD Pre-Approved Signature: _____	Date: _____
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Acknowledgement that the event is covered in the Professional Development Action Plan and complies with the guidelines found in the HASD Professional Development Plan.	
_____	_____
PD Committee	Date signed

*****After the event, submit documentation of attendance (e.g. certificate of attendance), evaluation form, completed Act 48 cover sheet and this original signed document. Please send completed paperwork to Elana Clapper at Standing Stone or Tim Snare at the Middle School.**