

Mohonasen Central School District

**REQUEST FOR INSERVICE CREDIT**

Please submit for approval at least **two weeks** prior to anticipated attendance at course/workshop.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Building: \_\_\_\_\_

Name of Workshop/Course: \_\_\_\_\_

Sponsor of Workshop/Course: \_\_\_\_\_

Date/Time of Workshop/Course: \_\_\_\_\_

Please describe how this will enhance your professional growth and how it aligns with/supports district standards. *(Be specific)*

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\_\_\_\_\_  
Signature

\_\_\_\_\_

Date Received: \_\_\_\_\_

Status of Request:  Approved – Pending submission of successful completion of hours to Office of Curriculum and Instruction.

Disapproved – Reason: \_\_\_\_\_

Inservice Hours: \_\_\_\_\_

\_\_\_\_\_  
Assistant Superintendent for Curriculum & Instruction

\_\_\_\_\_  
Date

- Upon submitting form, **please send in course/workshop description if it is not already in MLP.**
- Upon completion, **please submit certificate/confirmation of completion to receive inservice credit - if none is received by June 30 of the year in which it's completed – only PD hours will be credited.**