

**TULLY CENTRAL SCHOOLS
APPLICATION FOR APPROVAL OF INSERVICE**

Name: _____ Date: _____

Workshop Title: _____

Date and Times of Inservice: _____

Total Number of Inservice Hours for this Course: _____

Description of Workshop: _____

Ways It Will Relate To and/or Enhance Your Teaching: _____

_____ Approved

_____ Disapproved

Reason for Disapproval: _____

Date: _____ Building Principal: _____

Date: _____ Superintendent: _____

Inservice: A letter of completion or certificate from the providing agency must be provided as proof of completion and submitted with a copy of this application.

Requests for payment must be submitted by May 31. Payment will be included in the last paycheck in June.