

# POLAND CENTRAL SCHOOL IN-SERVICE REQUEST

In order to enhance the professional training of the teaching staff, the District agrees to pay thirty dollars each hour (\$30.00/hour) for approved in-service training programs attended by members of the teaching staff for training programs held outside of the normal workday. Compensation will begin **after** the first five (5) hours of approved in-service attended by staff outside the work day is completed within each year. The in-service training will include training provided by the District and/or in conjunction with other educational or professional institutions outside the District.

The District will announce to staff at least five (5) programs of in-service that are being offered within the region during the school year and which the District believes might enhance the professional training of teaching staff. The District will attempt to provide notice of such courses sufficiently in advance of the offering to allow interested staff to apply. Nothing herein will prevent a teacher from also requesting approval for an in-service program not posted or announced but known by and of interest to the teacher.

All in-service requests, for which hourly compensation is to be paid or would cumulate to payment must be made by the teacher, in writing, to the Superintendent. Superintendent approval or disapproval of in-service requests will be in writing.

Upon completion of the in-service program, the teacher will provide the District with appropriate verification that the course has been taken or completed, and the employee will evaluate the program.

MEMBER'S

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DESCRIPTION AND LOCATION OF ACTIVITY Include title, instructor, duration, place, time, sponsor or other pertinent information.  
Please attach a flyer if available.

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MEMBER'S

SIGNATURE: \_\_\_\_\_

SUPERINTENDENT'S

SIGNATURE \_\_\_\_\_



Approval



Disapproval

Office use:

\_\_\_\_\_ Hours requested

\_\_\_\_\_ Hours requested to date

\_\_\_\_\_ Hours to be paid

Copies to:

\_\_\_\_\_ Member \_\_\_\_\_ District Office

Original to: Business Office

Evaluation form received \_\_\_\_\_ Y \_\_\_\_\_ N

\_\_\_\_\_ Hours approved for pay

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date