

**GESD**  
**INSERVICE CREDIT APPLICATION**

**This form must be submitted for pre-approval by the Assistant Superintendent before inservice credit is given. Fill out the form below and you will be notified if you have been approved.**

Name \_\_\_\_\_

School \_\_\_\_\_

Grade/Subject \_\_\_\_\_

Submit request form **IN DUPLICATE** to the Assistant Superintendent's Office. One copy will be returned to the employee and one copy will be retained for the official file.

**INSERVICE CREDIT**

Date Course Begins	Course#	Course Title	Credit Hours	Sponsoring Unit

*One (1) Inservice Credit awarded for a minimum of fifteen (15) hours of instruction.*

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principals' Signature

\_\_\_\_\_  
Date

**Please be reminded that you must notify the Office of Curriculum and Instruction should you not take or complete the approved course(s). You are also reminded that verification for course(s) completed must be forwarded to the Office of Curriculum and Instruction either in the form of a notice of completion, grade report, or certificate, prior to posting to your record and for salary consideration.**

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Frank Pickus, Assistant Superintendent