

Out of District Professional Development Form

Employee Name: _____

Employee's School: _____

Type of Professional Development: _____

Place of Activity: _____

Date(s) of Activity: _____

Actual Hours of Instructional Time (*registration, break and meal times should **not** be included*): _____ *hours*

GBE Goal and/or student achievement goal addressed:

The above request was: _____ Approved _____ Denied

Supervisor's Signature: _____

Educator's Signature: _____

In order to receive proper credit, the following must be complete:

1. Fill out the *Out of District Professional Development Form* in its entirety with signatures.
2. Attach copy of *Certificate of Completion* from session or conference (if provided).
3. Attach copy of *Agenda(s)* from session or conference.

For certificate renewal credits, e-mail or fax to:

Monica Howard

Phone: 843-488-6906 / **Fax:** 843-488-7807

mhoward@horrycountyschools.net

For exchange day hours, attach to the
*Professional Development Exchange Day
Request* and submit to your principal.