OCMBOCES

Committed to Your Success

Request for Approval of Course(s) for In-Service Credit

▲ Name (please print) _____ ▲ Date _____

▲ Current Assignment _____ ▲ Location _____

I hereby request prior approval, for salary purposes, the following in-service course(s):

Course Title	Sponsoring Agency or Institution	Clock Hours

Approved: _____ _____
Immediate Supervisor Date

Approved: _____ _____
Assistant Superintendent Date

Approved: _____ _____
District Superintendent Date

Revised: 04/01/08