

# Form CEU-P

## Cape Girardeau School District No. 63 Continuing Education Units Request Form

### PROFESSIONAL COMMITTEE/ORGANIZATION

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**Pre-approval** - Complete this section **before** becoming involved and submit to Central Administration Office.

Professional Committee or Organization \_\_\_\_\_

List how you will serve or participate with the committee/organization:

Employee Position and Building \_\_\_\_\_

Employee Signature \_\_\_\_\_ Central Office Signature \_\_\_\_\_ Approved \_\_\_\_\_  
Not Approved \_\_\_\_\_

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**Verification** - Complete this section **after** participating and submit to Central Administrations Office.

List Date(s) of Attendance \_\_\_\_\_

Total Number of Contact Hours Completed \_\_\_\_\_

Brief description of organizational activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Chairperson or President**

**Signature of Employee**

\_\_\_\_\_  
\_\_\_\_\_

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**Compensation** - Please Indicate Your Compensation Preference – **Sign your name and date below on one line or the other.**

\_\_\_\_\_ Receive \$25 for every CEU accumulated  
(**16 hours equals one CEU**)  
\_\_\_\_\_ Apply to advancement on certified salary schedule

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**Final Approval** - Central Administration Office Response:

Number of CEU Credit(s) Approved \_\_\_\_\_

\_\_\_\_\_  
Central Office Signature

Number of Contact Hour(s) Approved \_\_\_\_\_

\_\_\_\_\_  
Central Office Signature