

FORM CEU-W

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

WORKSHOP/OTHER PROFESSIONAL ACTIVITY

Pre-approval - Complete this section **before** attending workshop/activity and submit to Central Administration Office.

Title of Workshop/Activity _____

Name of Sponsoring Group/Organization _____

Date(s) of Attendance _____ Employee Position/Building _____

Code to Corresponding Goal of CSIP or Curriculum Guide _____

Employee Signature _____ Central Office Signature _____ Approved _____
Not Approved _____

Verification - Complete this section **after** attending workshop/activity and submit to Central Administration Office.

Total Number of Contact Hours Completed _____ **(Attach Original Certificates)**

Brief description of professional development activity (may use back of page as needed):

Explanation of how you will incorporate the new knowledge for improved classroom instruction or for improved job performance (may use back of page as needed):

Signature of Presenter or Designee

Signature of Employee

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

_____ Receive \$25 for every CEU (16 contact hours) accumulated

_____ Apply to advancement on certified salary schedule

Remember to attach Original Certificates of Attendance/Participation (not copies)

Final Approval - Central Office Response:

Number of CEU Credit(s) Approved _____

Central Office Signature

Number of Contact Hour(s) Approved _____

Central Office Signature