FLOWING WELLS SCHOOLS

PRIOR APPROVAL

PROFESSIONAL GROWTH REQUEST

NAME: _____ **DATE: _____**
(Last) (First)

SCHOOL: _____ **EMPLOYEE ID # _____**

Documentation attached:

☐ **A course description from the relevant college catalog or**

☐ **A detailed description of the activity (in-service training, workshop, seminar, or conference).**

One (1) credit = fifteen (15) clock hours

COURSE #	COMPLETE COURSE TITLE	GRANTING INSTITUTION	CREDITS / CLOCK HOURS

HUMAN RESOUCES USE ONLY

Date Prior Approval Request Received _____ **Approved ☐** **Denied ☐**

Administrator's Printed Name _____

Administrator's Signature _____