TO: Administrator or Supervisor

PROFESSIONAL LEARNING: CONTINUING PROFESSIONAL EDUCATION

CLEAR CREEK INDEPENDENT SCHOOL DISTRICT

P.O. Box 799, League City, Texas 77574

REQUEST FOR PAYMENT OF CONTINUING PROFESSIONAL EDUCATION HOURS

1 11		the following course(e not related to my tea	,	icy DMC(LOCAL)
I understand that the special incre		ot related to teaching	assignment cannot	be approved for
I understand that for this course v	_	eimbursed for registra	ation, food, lodging	, or transportation
DO NOT SUBMIT APPR PROPER COLLEGE OFF				
Name of Course	Course Number	University-Colleg Institute	e Dates of Attendance	Semester Hours
This is in accordance Policy.	with the Clear C	Creek School District	Continuing Profess	ional Education
Signature of Teacher		Employee ID		Date
Campus		Position (Ex: Math, 2 nd grade, Counselor)		
APPROVED BY: Building Principal			Date	□ Yes □ No
				□ Yes □ No
As	sistant Supt.		Date	🗀 103 🗀 110
		Updated 02/20/2015		