

EXHIBIT B

CERTIFICATE OF VALIDATION OF STAFF DEVELOPMENT EQUIVALENCY CREDIT

Employee's name _____ Campus _____

Assignment _____

Title of workshop/course (*activities, field of study, and the like*) _____

Location of workshop/course _____

Sponsored by _____

Dates of workshop	Beginning Time	Ending Time	Total Time
_____	_____	_____	_____
_____	_____	_____	_____

Signature of training provider _____

Date _____

Employee's signature _____

Date _____

Principal's signature _____

Date _____

Approved Disapproved

EXHIBIT A

REQUEST FOR STAFF DEVELOPMENT EQUIVALENCY TIME APPROVAL

Date _____

Employee's name _____ Campus _____

Assignment _____

Title of workshop/course _____

Dates of workshop/course _____

Location of workshop/course _____

Sponsored by _____

Brief description of workshop/course _____

Hours of equivalency time to be earned _____

Approved by:

Principal/Supervisor

Date

Note: Equivalency time earned from June 1 to May 31 must be used during the current school year.