



REQUEST FOR APPROVAL OF STAFF DEVELOPMENT FOR ADJUNCT LECTURERS

Name: _____ Term & Year: _____

Official District In-Service Activity: _____

Date: _____ Begin Time: _____ End Time: _____ No. of Hours: _____

Official District In-Service Activity: _____

Date: _____ Begin Time: _____ End Time: _____ No. of Hours: _____

Official District In-Service Activity: _____

Date: _____ Begin Time: _____ End Time: _____ No. of Hours: _____

Outside Activity*: _____

Date: _____ Begin Time: _____ End Time: _____ No. of Hours: _____

Reason for request: _____

Brief Description & Location of Activity: _____

Outside Activity*: _____

Date: _____ Begin Time: _____ End Time: _____ No. of Hours: _____

Reason for request: _____

Brief Description & Location of Activity: _____

*Please refer to the procedure regarding outside activities

Instructor Signature: _____ Date: _____

VP Instruction Signature: _____ Date: _____

For Office Use:

<input type="checkbox"/>	Check Hours
<input type="checkbox"/>	Budget Code _____
<input type="checkbox"/>	# hours to be paid

<input type="checkbox"/>	Ok to pay
<input type="checkbox"/>	Copy for payroll
<input type="checkbox"/>	Scan (iMARCS\iMARCS docs\Staff Development)