

(Addendum B)  
**LIBERTY SCHOOL DISTRICT**  
**Credit/Clock Hour Activity Form for Classified Employees**

Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

Job classification:    ☐ Custodial  
                              ☐ Food Service  
                              ☐ Paraeducator  
                              ☐ Secretary  
                              ☐ Transportation

Workshop/class title: \_\_\_\_\_

Workshop location: \_\_\_\_\_

Workshop date(s): \_\_\_\_\_

Purpose for attending:

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for:        ☐ Specific to classification listed  
                              ☐ General application

Not approved:        ☐ (give reason)

\_\_\_\_\_  
\_\_\_\_\_

District official signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(To be completed by presenter)*

Presenter's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Number of clock hours: \_\_\_\_\_ or college credit: \_\_\_\_\_