

Liberty School District
Credit/Clock Hour Preapproval Form
-Certificated Employees-

Name: _____ Date: _____

Teaching Assignment: _____

Course/Workshop Title: _____

Course/Workshop Location: _____

Course/Workshop Date: _____

Describe how this course/workshop will be used in your curriculum/teaching area:

Approved

Disapproved

Principal Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____