

## Contact Unit Approval Form – Time Based

Name of Educator/Licensed Professional		
School/Site Location		
Name of Supervisor		
Professional Learning Activity as stated in the <i>Professional Growth System Reference Guide</i> :		
Indicate if paid for the activity (\$22/hr or stipend)	paid	unpaid

DATE	FROM	TO	TOTAL HOURS	Description
Example	9:00am	3:30pm	6.5	Please enter a brief description of your activity for the date indicated.

Total Number of Hours: \_\_\_\_\_ Total Number of CUs: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_