

**GENERAL McLANE SCHOOL DISTRICT  
STAFF DEVELOPMENT - ACT 48  
REQUEST FOR HOURS APPLICATION AND/OR REIMBURSEMENT FOR COLLEGE CREDIT**

Please submit this pre-approval form to the Superintendent at least two (2) weeks prior to the date of the requested activity.

Name of Employee: \_\_\_\_\_ S.S.# \_\_\_\_\_

Home Address: \_\_\_\_\_ Date: \_\_\_\_\_

Your School Building: \_\_\_\_\_ Area of Certification: \_\_\_\_\_

Please complete Section A or B and place your signature on the space provided at the bottom of this application.

**A. Collegiate study or Continuing Education Credit**

College/University or Institution providing the instruction: \_\_\_\_\_

Course Title: \_\_\_\_\_

Credits that will be earned as a result of successful completion of this course: \_\_\_\_\_

**B. Program/Activity/Learning Experience**

If you are requesting a program/activity/learning experience, attach documentation from the provider that demonstrates the criteria listed below. We advise that you participate in PDE or IU pre-approved programs.

Title of P/A/LE: \_\_\_\_\_

Organization Providing the P/A/LE: \_\_\_\_\_

Number of Act 48 Hours: \_\_\_\_\_

\_\_\_\_\_ Requesting act 48 hours

\_\_\_\_\_ Personal Payment for Workshop/Class

\_\_\_\_\_ Requesting Reimbursement

\_\_\_\_\_ Workshop/Class Held Beyond the Workday

Applicant's Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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\_\_\_\_\_ Eligible for Act 48 Hours

\_\_\_\_\_ Eligible for Reimbursement

\_\_\_\_\_ Not Recommended

Comments: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

