

**Approval must be granted with both signatures obtained
as listed below prior to taking the alternative in-service.*

DELAWARE VALLEY SCHOOL DISTRICT

Request for **Pre-Approval** of Professional Education Hours
To be Used Toward Alternative In-service

Employee Name:		Today's Date:	
Employee Building:		Area of Certification:	
Name of PDE Approved Provider:			
Name of Program:			
Date of Program:		Time of Program: (ACTUAL SEAT TIME ONLY)	
Program Description: (Program must be related to current teaching field or area of certification)			

	YES	NO
Written documentation of attendance		
Related to teaching field		
Hours used toward alternative in-service		

Routing Order and Signatures:

Principal's Signature	Approves Request	Denies Request	Date
Professional Education Coordinator's Signature	Approves Request	Denies Request	Date