

CERTIFICATED INSERVICE CREDIT

School Site/Location _____

Employee Name _____

Assignment _____

DATE(S)/ TIME	DESCRIPTION OF ACTIVITY	SIGNATURE OF CONVENOR/SITE ADMINISTRATOR	TOTAL HOURS.

Distribution:
 Original: Personnel Office
 Copy: Employee

INSTRUCTIONS: Enter the date(s) of the activity & time (ie. 5:00 pm-6:00 pm); give a brief description of the activity; each activity must be signed by the convenor or the site administrator; enter the total hours spent. Submit original to the personnel Office and retain a copy for your records. Complete this form to earn inservice credit when attending meetings beyond the duty-day and when no other funding/release time is available for attending evening meetings, IEP, Student Study Team (SST) meetings, serving on site/district committees. One (1) district inservice credit per 30 hours (15 hours for IEP's & SST meetings), pursuant to BFT Sections 14.4.1 and 14.4.2.