

RAINS INDEPENDENT SCHOOL DISTRICT

Approval Form



EMPLOYEE NAME: _____ TITLE: _____

CAMPUS: _____

Summary of COMP Time (proposed)

Date	Title of Session	Location	Presenter	Cost

Approved: _____
 Campus Principal Date Employee Date

Employee and campus principal each keep copy of form.

Upon completion of training sessions, employees complete the following and return to campus principal along with written verification of attendance (example: workshop certificate, copy of agenda, letter, college transcript, etc.) for each session attended.

Briefly describe the COMP time activity attended or instructed. Include how it directly relates to your job assignment and to your campus instructional objectives.

Date	Title of Session	Description and relation to job assignment

I verify that this report is a true and accurate record of my work on the dates and times listed above.

 Employee's signature Date Principal's signature Date

Form distribution upon completion: ___ Employee ___ Campus ___ Personnel