**Name: Term & Year:**

**Official District In-Service Activity:**

Date: Begin Time: End Time: No. of Hours:

**Official District In-Service Activity:**

Date: Begin Time: End Time: No. of Hours:

 **Outside Activity\*:**

Date: Begin Time: End Time: No. of Hours:

Reason for request:

Brief Description & Location of Activity:

**Outside Activity\*:**

Date: Begin Time: End Time: No. of Hours:

Reason for request:

Brief Description & Location of Activity:

**\*Please refer to the procedure regarding outside activities**

**Instructor Signature: Date:**

**----------------------------------------------------------------------------------------------------------------------------------------------------------------**

**Denied:**

**Dean of Instruction & CTE: Approved:**

**Signature: Date:**