



REQUEST FOR APPROVAL OF STAFF DEVELOPMENT FOR ADJUNCT LECTURERS

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: _____

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: _____

VP Instruction Signature: _____ Date: _____

- Check Hours
- Budget Code _____
- # hours to be paid
- Enter into iMARCS

- Ok to pay
- Copy and Original to HR
- Scan (iMARCS\iMARCS docs\Staff Development)
- Copy to instructor