

***IF USING A PERSONAL DAY FOR IN-SERVICE CREDIT, PLEASE ATTACH A COPY OF THE ABSENTEE REPORT.**

CREDIT HOURS FOR: _____ IN-SERVICE or _____ RECERTIFICATION

**RHEA COUNTY SCHOOL SYSTEM
IN-SERVICE ATTENDANCE RECORD FOR ON-YOUR-OWN**

SCHOOL YEAR _____

NAME: _____ **JOB TITLE:** _____

SCHOOL: _____ **GRADE/SUBJECT:** _____

ON-SITE VISIT IN THE AREA OF MY ASSIGNMENT FOR THIS YEAR: ___ YES ___ NO

SITE VISITED: _____

DATE/S OF ATTENDANCE: _____ **CIRCLE HOURS of CREDIT**
3 6 12

WORKSHOP TITLE: _____

SPONSORING ORGANIZATION: _____

DATE/S OF ATTENDANCE: _____ **CIRCLE HOURS of CREDIT**
3 6 12
TIME(S) _____

ON YOUR OWN INSERVICE CREDIT: ___ ½ DAY ___ 1 DAY ___ 1½ DAYS ___ 2 DAYS

EVALUATION COMMENTS (Required):

APPROVED: ___ YES ___ NO _____
APPROPRIATE SYSTEM-WIDE SUPERVISOR

***FOR ON-SITE VISITS IN YOUR TEACHING AREA, VERIFICATION BY AN AUTHORIZED PERSON AT THE SITE IS REQUIRED.**

***FOR WORKSHOPS, ATTACHMENTS OF AGENDAS OR PROGRAMS ARE REQUIRED.**

***FOR FOREIGN TRAVEL, ATTACH PROOF OF TRAVEL IN SOME FORM.**

ADMINISTRATORS, EDUCATIONAL ASSISTANTS, AND TEACHERS SEND THIS FORM TO THE APPROPRIATE SYSTEM-WIDE SUPERVISOR.

THE CUT-OFF DATE FOR COMPLETING ALL IN-SERVICE AND SENDING THIS FORM IS APRIL 30 OF EACH SCHOOL YEAR.

Copy kept by superintendent and appropriate system-wide supervisor

Copy returned to employee