## **REQUEST FOR APPROVAL OF OTHER INSERVICE ACTIVITY**

ADMINISTRATORS & WCT UNIT MEMBERS: Use this form to request that an activity be approved by the District for inservice credit and added to the District catalog in MyLearningPlan.com. Use this form only for inservice activities sponsored by organizations that do not already have a MyLearningPlan.com catalog. Before submitting this form, check MyLearningPlan.com to make sure the activity has not already been added to the District catalog.

PLEASE NOTE: In the event that you do not attend this specific course on the dates indicated, it is necessary to re-submit a new prior approval form with any new dates. In-service credit will only be awarded if the Certificate of Attendance indicates the prior application course dates listed below.

Name		Date Submitted	
Bldg	Dept	Grade Level(s)	
Title of Activity			
Sponsored by _			
Starting Date	Ending Date	Number of Sessions	
<ul><li>The activ</li><li>Informat</li><li>The inter</li><li>The loca</li><li>The start</li></ul>	rm descriptive information about the vity flyer/brochure/letter ion about the sponsoring organization and audience for the activity tion and date(s) of the activity elend times for all sessions for the activity	,	
	sources Office will <b>not</b> obtain this into ormation will be returned unprocessed	Formation for you. Forms submitted without d.	
should appear		.Admin@wcsdny.org. Approved activities catalog within five working days. If the you.	
APPROVED	Executive Director of Human	Resources Date	
NOT APPROVI	ED		

Executive Director of Human Resources

Date