

OTTAWA-GLANDORF SCHOOLS

Complete and submit this form to the LPDC to request CEUs after completion of activity.

PROFESSIONAL DEVELOPMENT ACTIVITY VOUCHER

EMPLOYEE REQUEST

Today's Date _____

Name _____ Social Security # _____

Program Name _____

Location _____ Instructor/Facilitator _____

Dates _____ Times _____

Total CEUs Requested for this Program _____ CEU Option _____

Program Description _____

Briefly describe how this program enhanced your skills and helped you to grow professionally, and how it related to district, building and/or personal goals.

VERIFICATION

The signature(s) below verify that this report is an accurate description of a valid professional development activity.

Signature _____ Date _____
Person Requesting CEUs

NOTE: Attach any documentation (certificates or attendance, agendas, etc.) for verification, or provide a verification signature.

Signature _____ Date _____

Position _____

APPROVAL

APPROVAL OF LPDC GRANTED:

LPDC Signature _____ Date _____