



Career and Technical Education Department

PRIOR APPROVAL REQUEST FOR EXTENDED TIME

1. This form must be submitted and approval received **before** activity / project begins.

SUBMITTED BY:

Name: _____ Program Area: _____

School: _____ Date Submitted: _____

DESCRIPTION OF ACTIVITY / PROJECT: (Justification, how this activity or project directly benefits your CTE program, students, curriculum and/or facility.) _____

Date: _____ Location: _____

<u>REQUESTED</u>	<u>APPROVED</u>
Number of hours: _____	Number of hours: _____
Teacher's Signature _____	Rate of Payment: Hourly <input type="checkbox"/>
Coordinator's Signature _____	In-service <input type="checkbox"/>
Principal's Signature _____	Director's Signature _____

2. Return this form to CTE Coordinator, then Teacher begins activity / project.

<p><u>COMPLETED</u> (Brief summary of activity / project)</p> <p>_____ _____ _____ _____</p> <p>Date Activity completed: _____ Number of hours used: _____</p> <p>Instructor's Signature _____ Coordinator's Signature _____</p>
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3. Turn in this completed form with an extended time sheet for payment prior to June 30th of current year.