

San Benito Consolidated Independent School District Staff Development Exchange Hour Request Form

Course Title:	
Curriculum Categories:	
Target Audience:	
Course Description:	
ERO Course#:	SRN#:

Person Submitting Request: _____ # of Exchange Hrs _____ **or** Bil. Hrs. _____
or GT Hrs. _____ **or** \$ _____ Stipend **or** CPE Hrs. _____ **or** 2020 Grant _____
Consultant Contract Needed? (Circle) Yes No (If yes please attach copy of contract)

Location:	Contact Person / Person#
Registration Start Date:	Max. # of Participants
Registration End Date:	Instructor:

SESSION OCCURRENCES

	<i>Day/ Date</i>	<i>Time Beginning</i>	<i>Time Ending</i>
1	Day/Date:	Time Beginning:	Time Ending:
2	Day/Date:	Time Beginning:	Time Ending:
3	Day/ Date:	Time Beginning:	Time Ending:
Restrictions (Employee Type / Employee Classification / Grade Level / Sp. Prog.):			

FOR CENTRAL OFFICE USE ONLY

Approved for _____ exchange hours	Approved for _____ stipend \$	Not approved for exchange hours
Approved by: Asst. Supt. For C. & I.		
Comments:		