

Administrative Approval of Act 48 Hours Differentiated Supervision Project

Date(s): _____
Location: _____
Total Hours: _____
Principal: _____
(signature)

Compensation for Act 48 hours only:

Sign In Sheet

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

BUSINESS OFFICE USE ONLY

APPROVAL:

ASSISTANT SUPERINTENDENT _____

SUPERINTENDENT _____