

**2011-2012**  
**Harrison County Schools**  
**SERVICE STAFF DEVELOPMENT PROPOSAL**

Session Title: _____
Session Date: _____ Session Time: _____
Location of Session: _____ CE Hours: _____
Presenter's Name: _____
Proposer's Name: _____

(1) The number of staff development hours earned:

\_\_\_\_\_ Hours during in-calendar CE day  
\_\_\_\_\_ Hours during the workday.  
\_\_\_\_\_ Hours after the workday (in lieu of hours)

(2) Applicable to classification(s):

\_\_\_\_\_ All Service Employees    \_\_\_\_\_ Transportation    \_\_\_\_\_ Maintenance    \_\_\_\_\_ Custodian  
   \_\_\_\_\_ Secretary     \_\_\_\_\_ Cook     \_\_\_\_\_ Aide

(3) Type of session: (Check all that apply)

\_\_\_\_\_ Job Skills Enhancement    \_\_\_\_\_ Personal Well-being    \_\_\_\_\_ Behavioral Management  
\_\_\_\_\_ Certification (Recertification requirements)

(4) Description of the session, including goal and outcome:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) Presenters name, title and qualification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(6) Total funding requested from the council: \$ \_\_\_\_\_  
Cost break down: Personnel expense: \$ \_\_\_\_\_ Material expense: \$ \_\_\_\_\_

**For Council Use Only**

Class # \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Date Proposal Received: \_\_\_\_\_ Total Cost Council Agrees to Pay: \$ \_\_\_\_\_