

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: \$ _____

SUBMIT REQUEST TO: SERVICE STAFF DEVELOPMENT @ County Office