

APPENDIX C-1

CUYAHOGA HEIGHTS LOCAL SCHOOL DISTRICT

Request for Workshop/Seminar Classes

Employee's Name _____
(Please print)

Description of Workshop/Seminar Class to be taken: -- or attach information

Date of Workshop/Seminar _____

From _____ A.M. to _____ P.M.

Place of Workshop/Seminar _____

Number of Clock Hours _____

Signature of Employee Date

Supervisor's Signature Date
(for notification purposes only)

Approved by Superintendent Date

Mandatory Workshop Yes _____ No _____ Board approval not required

Optional workshop Yes _____ No _____ Board Approved _____