This form is for use by Classified Staff wishing to participate in a professional learning activity and receive approval for comp time for their participation.

1. Complete all sections of this form and submit it to principal or immediate supervisor for approval.
2. When participating in the approved activity, sign the attendance roster to document participation.
3. Following the activity, submit this form with the completion certificate from PLAN or training facilitator.
4. Submit to building or department contact for Kronos input to have comp time added. Comp time is earned hour for hour. If an employee works over 40 hours in a week, the compensation time is paid at time and one-half.
5. Retain at building or department for one year following activity.

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School or Department:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Activity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Activity**:\_\_\_\_\_\_\_\_\_\_\_\_ **Time of Activity**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why do you wish to participate in this activity?**

Click or tap here to enter text.

**Following the activity, what do you plan to know and be able to do as a result of participation?**

Click or tap here to enter text.

**Principal/Supervisor Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Entered into Kronos:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**