



## EGUSD PROFESSIONAL LEARNING OPPORTUNITIES CLASSIFIED INSERVICE CREDIT FORM

**This form must be submitted to the Curriculum Professional Learning Office no later than the start date of the workshop.** Employees will **ONLY** receive inservice credit for salary advancement for workshops held during contracted work hours if they use Vacation/CTO hours, **AND** the vacation/CTO hours can be verified in the district absence tracking system.

EMPLOYEE NAME: \_\_\_\_\_ EIN \_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_ DEPARTMENT/SCHOOL: \_\_\_\_\_

Your Regular Work Hours: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Hours Worked Per Day \_\_\_\_\_

Your Regular Work Days: M T W TH F TRACK: \_\_\_\_\_

Course Title: \_\_\_\_\_

ERO SRN Number: \_\_\_\_\_ Course Day/Date/Time: \_\_\_\_\_

I will be using (please check one)

- Vacation Hours for the training time:**  
I understand that I must document the use of vacation hours on the "Monthly Absence Report" in order to receive inservice credit.
- Compensatory Time (CTO) Hours for the training time:**  
I understand that I must document the use of CTO hours on the "Monthly Absence Report" in order to receive inservice credit.

\_\_\_\_\_  
Employee Signature Date

**Principal/Director Vacation/CTO Approval: I certify that documentation has been/will be submitted to Human Resources for this employee:**

- verifying his/her use of **Vacation hours** in order to receive inservice credit for the workshop listed above
- verifying his/her use of **CTO hours** in order to receive inservice credit for the workshop listed above

\_\_\_\_\_  
Principal/Director Signature Date

**OFFICE USE ONLY:** Verified in QSS: V/CTO Initial: \_\_\_\_\_ Date: \_\_\_\_\_