



## Application for Approval of Points for the Professional Educators' Compensation System

\*Please see the language regarding this compensation system in the Employee Handbook.

**Name:**

**Date of Submission:**

**Proposal to be Considered:**

Use of the Proposed Activity	Yes	No	
This activity will be used for license renewal			If yes, this activity cannot be used for points
This activity has been offered by the District for points			If yes, please sign and submit this form. If no, please continue
I am requesting this activity be considered for points in the Compensation System			If yes, continue with the form. <b>Please attach all available supporting documents to this form and complete the next chart</b>

For Consideration of Points:	Notes:
Connection to curricular area or area of responsibility	
Number of hours required to complete the activity	<b>*Note: Documentation of Completion must be submitted to receive the points.</b>

**Signature:**

**For Office Use Only:**

\_\_\_ Preapproved; Number of Points Assigned:

\_\_\_ Declined; rationale:

Signature:

Date:

**After the Activity is Complete and Documentation is received:**

\_\_\_ Activity Completed and Confirmed. Points Assigned:

Signature:

Date:

Recorded in Skyward