

KARNS CITY AREA SCHOOL DISTRICT

Act 48 Pre Approval Form

As an employee of the Karns City Area School District, I am requesting to attend the course/activity/workshop listed below. Under the school district's Continuing Professional Education Plan, I wish to have the hours or credits counted toward Act 48 requirements in the State of Pennsylvania

Professional Employee Name: _____

List course/activity/workshop: _____

Date(s) it is to be conducted: _____

Administrator approval: _____

Principal's Signature

NOTE:

- ◆ Upon completion of the course/activity/workshop, it is the responsibility of the employee to ensure that a completed copy of this "Pre Approval Form" be attached to the "Act 48 Participant Data Form" and then submitted to the Central Office of the Karns City Area School District.