

WHITE CLOUD PUBLIC SCHOOL

WHITE CLOUD, MICHIGAN

**PARAPROFESSIONAL'S AND FOOD SERVICE (COOKS)
REQUEST FOR PROFESSIONAL DEVELOPMENT APPROVAL
(This form is filled out after course completion.)**

NAME: _____ **DATE:** _____

COURSE: _____

DATE ATTENDED COURSE: _____

CREDIT HOURS: _____

_____ **APPROVAL** _____ **DENIAL**

SIGNATURE OF BUILDING PRINCIPAL/SUPERVISOR _____

COMMENTS: _____

**PLEASE ATTACH DOCUMENTATION SHOWING ATTENDANCE AND THE HOURS EARNED.
PLEASE SEND THIS FORM SIGN BY YOUR PRINCIPAL/SUPERVISOR TO PAYROLL FOR
PROCESSING. THANK YOU .**

BELOW THIS LINE FOR CENTRAL OFFICE USE ONLY

PROCESSED CREDIT HOURS: _____

CREDIT HOURS ON THIS FORM: _____

TOTAL CREDIT HOURS APPROVED: _____

DATE: _____

CHECKED BY: _____

DATE: _____

SUPERINTENDENT'S SIGNATURE: _____ **DATE:** _____