

IN-DISTRICT TRAINING REQUEST FORM

SCHOOL _____ EMPLOYEE'S NAME(S): _____

Today's Date _____

Forward to Dana Peterson, District _____

Training Center after principal and _____

assistant superintendent signs request. _____

If substitute is requested, the form will be _____

forwarded to the superintendent's office _____

for board approval. Fax 826-2165 _____

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Date(s) of Training \_\_\_\_\_ Destination: District Office Training Lab

Name of Training \_\_\_\_\_

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I am requesting: NO COST

Substitute

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Principal's Signature \_\_\_\_\_

Assistant Superintendent's Signature \_\_\_\_\_

Technology Facilitator Signature \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_

Date Board Approved \_\_\_\_\_

## INSTRUCTIONS -- TRAINING REQUEST FORM:

1. E-mail Dana [dpeterson@jcsd.k12.ms.us](mailto:dpeterson@jcsd.k12.ms.us) or check website for available dates
2. Complete "In-District Training Request Form" and submit to principal for approval. Principals, please put multiple names on the same form.
3. Principals send signed request form to your assistant superintendent to be signed and forwarded to the training center via district office, Attn: Dana Peterson. Forms may be faxed to 826-2165.
4. Training Center Facilitator will forward to superintendent's office, if substitute is requested, for board approval.