

Date to HR: _____
By: _____

TEACHER FORUM VOUCHER

Professional Growth Verification



Teacher/Participant _____ School: _____

Course Title _____ Course Date _____ Hours Completed _____

The above named individual has satisfactorily completed the Teacher Forum listed above.

Authorized Name/Presenter: _____
(Print)

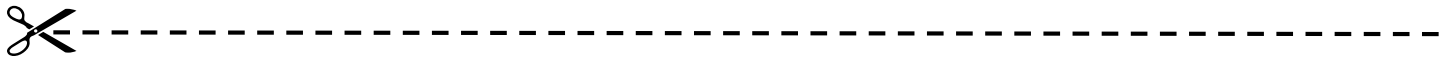
Authorized Signature: _____ Date: _____

Presenter, if you are NOT TRUSD staff, please add contact number: _____

SUBMIT TO: PROFESSIONAL DEVELOPMENT, BAY C

NOTE: The Twin Rivers Unified School District, Human Resources Office, must receive this copy of the "Professional Growth Verification" if you wish the unit(s) applied to salary credit.

- | | | |
|---------------------|----------------------|---------------------|
| 1/3 Unit = 5 hours | 2/3 Unit = 10 hours | 1/4 Unit = 3¼ hours |
| 1/2 Unit = 7½ hours | 3/4 Unit = 11¼ hours | 1 Unit = 15 hours |



PROOF OF COMPLETION OF HOURS

This certificate verifies the attendance of _____
(Please PRINT Name of Teacher/Participant)

from _____ to the _____ for _____ hrs
(Name of School) (Title of Workshop or Event)

(Name of Presenter and Signature)

(Date of Event)

Teachers/Participants: Please keep for your records as proof of hours.