

MARION LOCAL SCHOOLS

IN-SERVICE FORM

Name _____ School Year _____

Date Submitted _____ Date of In-Service _____

Name of Workshop, Meeting or Session _____

Important: Please submit an agenda or brochure of the scheduled events.

Length of Session (estimated) _____

_____ REQUEST APPROVED _____ REQUESTED DENIED

Superintendent

MARION LOCAL SCHOOLS

This is to verify that _____

has attended _____

on _____.

Total hours of this session _____.

Signature and Title of In-Service Presenter or Designee

- **Please refer to Negotiated Agreement**