

OTTAWA-GLANDORF SCHOOLS

CEU ACTIVITY VOUCHER

Complete and submit this form to the LPDC to request CEUs after completion of activity.

Rev 11-2017

EMPLOYEE REQUEST

Today's Date _____

Name _____

Program Name _____

Location _____ Instructor/Facilitator _____

Dates _____ Times _____

Total CEUs Requested for this Program _____ CEU Option (*see LPDC website*) _____

Program Description _____

Briefly describe how this program enhanced your skills and helped you to grow professionally, and how it related to district, building and/or personal goals.

VERIFICATION

The signature below verifies that this report is an accurate description of a valid professional development activity.

Signature _____ Date _____
Person Requesting CEUs

Please attach summative review and certificate of completion.

APPROVAL

APPROVAL OF LPDC GRANTED:

LPDC Signature _____ Date _____