

**WILLARD CITY SCHOOLS
PROFESSIONAL DEVELOPMENT VOUCHER HOURS
VERIFICATION FORM
2019-2020 SCHOOL YEAR**

SIGNATURE OF STAFF MEMBER _____

PRINTED NAME _____

I have completed the following professional development activity and would like it considered for completion of the professional development requirement according to the contract.

Title of Activity _____

Location _____

Date _____

Length (hours) _____

Presenter _____

FOR OFFICE USE ONLY

Hours approved _____

Superintendent's Approval _____