GRANDVIEW HEIGHTS CITY SCHOOL DISTRICT
Request for PAC Credit

Employee Name _____ Date _____

School _____ Assignment _____

Check appropriate area:
_____ Committee
_____ Published Materials
_____ Workshop
_____ Conference
_____ Curriculum/program Innovations

Activity Date _____ Description: _____

Summary of activities and supportive data (finished production): _____

Contact Hours: _____ Credit Requested: _____

Teacher Signature _____ Principal Signature _____

PAC completes this section.

Credit earned: _____

PAC Chairperson _____ Date _____

Approved _____
Disapproved _____

Superintendent Signature _____ Date _____

Teacher: Submits completed form to Principal
Principal: Submits to PAC Chairperson
Superintendent: Routes after approval or denial

1 copy - Applicant
1 copy - PAC
1 copy – Personnel File