

**MPS #13**

(Submit in duplicate form – one copy will be returned to you and the original will be placed in your personnel file.)

**REQUEST FOR CONTACT HOURS**

Name \_\_\_\_\_ Date filed \_\_\_\_\_

Position \_\_\_\_\_ Building \_\_\_\_\_

I expect to earn contact hours by participating in \_\_\_\_\_  
\_\_\_\_\_

Brief description of workshop and why you wish to attend \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this workshop require a substitute?    Yes            No

Is the district paying any fees? Yes/No    If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Number of Contact Hours of workshop \_\_\_\_\_

Location of workshop \_\_\_\_\_ Date of workshop \_\_\_\_\_

Principal’s signature for approval \_\_\_\_\_

**Reminder:** Upon completion of previously approved contact hour workshop, you must submit a completed MPS #14 Contact Hour Report Form with accompanying documentation for workshop credit review.

**\*The official deadline for submitting all documentation for current year salary increment consideration is at 4PM on the first business day in September at CO.**

-----To be completed by Central Office -----

\_\_\_\_\_ Approved                      \_\_\_\_\_ Denied

Superintendent’s signature \_\_\_\_\_

Date \_\_\_\_\_