

WALLINGFORD  **SWARTHMORE**
SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT

101 PLUSH MILL ROAD, WALLINGFORD, PENNSYLVANIA 19086-6334
PHONE (610) 892-3470 EXT. 1405 FAX (610) 892-3497

CHAPTER 14 COURSE SUBSTITUTE REQUEST

Employee Name: _____

Building: _____

Directions: Coursework or classes taken during the current academic year may count towards achievement of the mandated twenty hours of training. In order to qualify, the content must pertain to your assignment and be approved by the WSSD Special Education Department. Complete and submit the following information for approval.

Course/Professional Development Activity Title: _____

Dates of Course/Professional Development Activity: _____

Total Number of Hours for Course/Professional Development Activity: _____

Attach the following information to this request.

1. Course Syllabus
2. Record of Attendance and Achievement

Signature of Employee: _____

Date Submitted: _____

DISTRICT OFFICE USE

Approved By: _____
Director/Asst. Director of Special Education

Date: _____

Human Resources Office Approval: _____

Date Entered: _____