

AUSTIN INDEPENDENT SCHOOL DISTRICT PROFESSIONAL LEARNING EXCHANGE DAYS

Exempt, Campus-Based Staff Proposed Professional Learning Opportunities for Exchange Day Credit

Name _____ EID _____

Campus _____ Position _____

Professional Learning Opportunity Title	HCP Section # Or External Provider	Date of PL	# of CPE Credits

I understand that the proposed learning opportunities may not provide extra duty pay nor occur during regular duty time in order to qualify for Exchange Day credit.

Total # of CPE Credits _____

***Once completed, Certificates, Transcripts, or Descriptions of Professional Learning should be attached for review.**

Employee's Signature _____ Date _____

----- Administrator Use Only -----

Circle One: Approved Denied

Comments:

***Note- Related documents/verification need to be maintained and kept on file by the campus principal for 3 years for audit purposes.**

Administrator's Signature _____ Date _____