

LCMS – Kansas District
Request for Professional Development Education Points
 Service to the Profession Points

Name	
School/Location	

Date(s) of Activity	From:		To:	
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Date Validation Submitted to Principal	
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Type of Activity (check one)		
<input type="checkbox"/> Service to Your School	<input type="checkbox"/> Service to the LCMS District	<input type="checkbox"/> Other: _____

Clock Time (number of hours to the nearest ¼ hour)

Title of Service Activity, Committee, or Position Title

Title of Activity or Presentation

What are you doing to serve your school or district?

Employee Signature Verifying Accuracy of Above Information

(For approval, this form must be submitted to the principal in the school year the activity occurred. Maintain a copy for your records.)

Principal's Signature Indicating Approval