**PENN CAMBRIA SCHOOL DISTRICT**

**ACT 48 REQUEST FORM (Revised July 2024)**

**INSTRUCTIONS**: Professional educators should use this form to request that appropriate Act 48 hours completed outside the district and not reported by the agency granting the hours, be reported by Penn Cambria School District to the PA Department of Education. Act 48 activities must align to the PDE approved PCSD Professional Development Plan in order for hours to be recorded. Please contact Jeanette Black, Assistant to the Superintendent, if you would like pre-approval before completing the activity.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activity Start Date: \_\_\_\_\_\_\_\_\_\_ Activity End Date: \_\_\_\_\_\_\_\_\_

Workshop/Session Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Facilitator or Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Act 48 Hour Value:\_\_\_\_\_\_\_

**Items to Include or Attach for Approval:**

\_\_\_\_\_ Detailed description or agenda of specific activity/workshop session (you may provide URL or
 website information).

\_\_\_\_\_\_\_ Proof of completion or attendance

\_\_\_\_\_ 3-5 sentence summary of your evaluation of the session and how the information from
 this professional development session can be implemented or useful in your classroom or
 current assignment.

Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

RETURN THIS FORM TO: Administrative Office (ATTN: Mrs. Jeanette Black)

***Administrator’s Approval:*** APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

***Administrator’s Signature:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Date:*** \_\_\_\_\_\_\_\_\_\_\_\_\_