



TEACHER FORUM VOUCHER

Professional Growth Verification

Teacher Name _____ School: _____

Course Title _____ Hours Completed _____ Course Date _____

The above named individual has satisfactorily completed the Teacher Forum listed above.

Authorized Name/Presenter: _____
(Print)

Authorized Signature: _____ Date: _____

NOTE: The Twin Rivers Unified School District, Human Resources Office, must receive this copy of the "Professional Growth Verification" if you wish the unit(s) applied to salary credit.

1/3 Unit = 5 hours

2/3 Unit = 10 hours

1/4 Unit = 3¾ hours

1/2 Unit = 7½ hours

3/4 Unit = 11¼ hours

1 Unit = 15 hours

NOTE: Please initial this line if you would like your units to go towards **BTSA**

SUBMIT TO: Ginna Myers/Professional Development/Bay C



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