

## Certificated In-Service Credit Form

Employee Name: \_\_\_\_\_ School: \_\_\_\_\_ Assignment/position: \_\_\_\_\_

Date	Start time	End Time	Total hours beyond the duty day	Description of activity	Signature of Facilitator or administrator of meeting

**Check One:**      SST/IEP Meetings      Other Meetings      Total hours beyond the duty day: \_\_\_\_\_

Signature of employee: \_\_\_\_\_ Date: \_\_\_\_\_

Email as PDF to [BettyJames@berkeley.net](mailto:BettyJames@berkeley.net)

Section 14.4.1, 14.4.2:

- 1 Credit per 15 hours of IEPs or SSTs
- 1 Credit per 30 hours for other meetings
- Meetings beyond the duty day: SSTs, IEPs, Committee meetings, etc.