SUMMARY OF CONTINUING TRAINING HOURS

Taken during the 20 - 20 School Year

☐ SCHOOL BUSINESS ADMINISTRATOR ☐ SCHOOL BUSINESS OFFICER

Name: _____ Social Security No.: **xxx ï xx ï**

Home Address: _____ _____
Street or P. O. Box City, State Zip

District Employed by: _____ District No._____

Email Address: _____

A minimum of 20 hours continuing training must be completed EACH YEAR to maintain certification. One hour of credit will be given for each hour of training.

A minimum of ten (10) hours of the twenty hours must be job specific. (These hours must be from activities provided by the State Department of Education, State Department of Audit, sponsored by MASBO or approved by the local school superintendent).

A maximum of ten (10) hours of the twenty hours may be obtained by attending local and SDE sponsored in-service training for other certified staff members or attending state, regional or national school business official professional organizations.

List below training activities in which you have participated during the past year.

Date	Activities	Job Specific Hours	Other Activities Hours

Submitted by: _____ Date: _____
(Signature of Applicant)

Verified by: _____ Date: _____
(Signature of School Superintendent)

PLEASE SUBMIT VIA SHAREPOINT NO LATER THAN JULY 15th