

# Act 48 Hours

## Request Form

(All information must be completed for credit)

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

Date (of workshop/activity): \_\_\_\_\_

PPID# \_\_\_\_\_ (required)

Title of Workshop/Course .

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# of Hours Earned: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Do Not Write Below This Line.

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Approved: \_\_\_\_\_

Not Approved: \_\_\_\_\_

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**Mrs. Staci Norris**