

**LCMS – Kansas District**  
**Request for Professional Development Education Points**  
 Service to the Profession Points

|                        |  |
|------------------------|--|
| <b>Name</b>            |  |
| <b>School/Location</b> |  |

|                            |              |  |            |  |
|----------------------------|--------------|--|------------|--|
| <b>Date(s) of Activity</b> | <b>From:</b> |  | <b>To:</b> |  |
|----------------------------|--------------|--|------------|--|

|   |  |
|---|--|
| <b>Date Validation Submitted to Principal</b> |  |
|---|--|

|   |   |                                       |
|---|---|---------------------------------------|
| <b>Type of Activity (check one)</b>             |   |                                       |
| <input type="checkbox"/> Service to Your School | <input type="checkbox"/> Service to the LCMS District | <input type="checkbox"/> Other: _____ |

|   |
|---|
| <b>Clock Time (number of hours to the nearest ¼ hour)</b> |
|   |

|  |
|--|
| <b>Title of Service Activity, Committee, or Position Title</b> |
|  |

|  |
|--|
| <b>Title of Activity or Presentation</b> |
|  |

|   |
|---|
| <b>What are you doing to serve your school or district?</b> |
|   |

|   |
|---|
| <b>Employee Signature Verifying Accuracy of Above Information</b> |
|   |

(For approval, this form must be submitted to the principal in the school year the activity occurred. Maintain a copy for your records.)

|  |
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| <b>Principal's Signature Indicating Approval</b> |
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