

# Northern Westchester Putnam Teacher Center

2051 Baldwin Road, Suite 109

Yorktown Heights, NY 10598

Phone: 914-214-9081 Fax: 914-245-5566

E-mail: [nwptc1@gmail.com](mailto:nwptc1@gmail.com)

## Teacher Center Activity Request

|                                       |  |
|---------------------------------------|--|
| Name of School District:              |  |
| Name of Teacher(s)/PB Rep requesting: |  |

|                    |  |               |  |
|--------------------|--|---------------|--|
| Title of Activity: |  | Today's Date: |  |
|--------------------|--|---------------|--|

|                          |
|--------------------------|
| Description of Activity: |
|                          |

### Activity Type (please check):

|               |  |         |  |                      |  |              |  |
|---------------|--|---------|--|----------------------|--|--------------|--|
| Workshop<br>: |  | Course: |  | Staff Dev/Supt. Day: |  | Study Group: |  |
|---------------|--|---------|--|----------------------|--|--------------|--|

|             |  |             |  |
|-------------|--|-------------|--|
| Instructor: |  | Cell Phone: |  |
|-------------|--|-------------|--|

|        |  |
|--------|--|
| Email: |  |
|--------|--|

|                        |  |
|------------------------|--|
| Location for Activity: |  |
|------------------------|--|

|                |  |              |  |
|----------------|--|--------------|--|
| Starting Date: |  | Other Dates: |  |
|----------------|--|--------------|--|

|        |      |  |    |  |   |  |                 |    |
|--------|------|--|----|--|---|--|-----------------|----|
| Hours: | from |  | to |  | @ |  | (hourly rate) = | \$ |
|--------|------|--|----|--|---|--|-----------------|----|

(Example -- for one day write in 2:00 PM to 4:00 PM @ \$50.00 = \$100.00)

### Approvals

Signature indicates activity was approved by the **Prof./Staff Development Committee** of the \_\_\_\_\_ School District made up of a majority of teachers appointed by the bargaining agent.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Policy Board Representative)

Revised: 2018