

RIVERSIDE SCHOOL DISTRICT
Taylor, PA 18517
(570) 562-2121

**ACT 48
PARTICIPANT FORM**

NAME: _____

PERSONNEL ID # _____

HOME ADDRESS: _____

HOME PHONE: _____

POSITION: _____

GRADE LEVELS: _____

SCHOOL BUILDING: ___ JR/SR HIGH SCHOOL
 ___ WEST ELEMENTARY
 ___ EAST ELEMENTARY

WORKSHOP TITLE/REASON FOR REQUESTING ACT 48 CREDIT:

DATES: _____

TIMES: _____

SIGNATURES:
PARTICIPANT _____ Date _____
PRINCIPAL _____ Date _____
SUPERINTENDENT _____ Date _____

HOURS GRANTED: _____
PLEASE ATTACH ALL NECESSARY DOCUMENTATION (CERTIFICATES, ETC.)