

Deweyville Independent School District
REQUEST FOR STAFF DEVELOPMENT COMP TIME EDUHERO COURSEWORK
2024-2025 School Year

Name _____ Date of Request _____

Position _____ Campus _____

Eduhero Coursework Completed

Date _____ Total Hours _____

Beginning Time _____ Ending Time _____

Was this completed during a regularly scheduled workday? Yes _____ No _____

Employee's Signature
Approved by:

Principal's Signature

Date of Approval

Superintendent's Signature

Date of Approval

FOR ADMIN USE ONLY:

All above information match EduHero? Yes _____ No _____