



PIONEER TEACHER CENTER COURSE MAKE UP SESSION

Name:	Building:
Course:	
Presenter:	
Date of Session Missed: ___/___/___	
Number of hours missed:	
Reason for Absence:	
Email sent to Assistant Superintendent of Academic Services for approval: ___/___/___ Please cc: course instructor and Teacher Center Director on email. Attach copy of email of approval to this sheet.	
Date(s) of Make Up Session:	
Hours completed: _____ *Hours must be completed on-site. Please remember to sign in and out on attached timesheet.	
Work completed/description of product/project:	
<i>Upon work completion, please return this form to the Assistant Superintendent of Academic Services for final approval.</i>	
Presenter's Signature:	___/___/___
Teacher Center Director's Signature:	___/___/___
Assistant Superintendent of Academic Services Signature:	___/___/___

TIME SHEET

Date	Where was work completed?	Hours Time In/ Time Out	Session Accomplishments
		Total:	

Participant's Signature: _____