

TUMWATER SCHOOL DISTRICT NO. 33
621 LINWOOD AVENUE, SW
TUMWATER, WA 98512



CLASSIFIED WORKSHOP/CLASS REQUEST FORM

Union Group: _____ Date: _____

Name: _____

Location: _____ Position: _____

Name/Title of Workshop/Class: _____

Presenter/Instructor: _____ Number of Credits or Clock Hours: _____

Sponsoring Organization/College: _____

This class relates to: building goals district goals

Describe how this will benefit you and/or the district:

Approved _____ Date: _____
Disapproved Building Principal/Supervisor Signature

Approved _____ Date: _____
Disapproved Authorized District Official Signature

If you have questions, contact Megan in Human Resources at (360) 709-7024