



Fall River School District

Curriculum Development Request Form

Staff Member's Name(s) _____

Date: _____

Request for hour pay _____

Request for points _____

Department/Grade Level: _____

New Course: _____

Revision of Course: _____

Revision of Grade Level/Subject: _____

Course Work Proposal: _____

School Year: _____

Total Hours Requested: _____

Date(s)/Time(s) Requested: _____

Explanation/Need: _____

Administrative Review:

Remarks: _____

Staff Member Signature: _____

Date: _____

Administrative Signature: _____

Date: _____

FOR OFFICE USE ONLY

Total Hours Approved: _____ @ SHR (\$25/Hour) = Total Budgeted Amount: _____

Account: 10-E-800-920-221300

Helping all students achieve to their fullest potential