



# 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-800-941-221300

*Helping all students achieve to their fullest potential*