

Clock Hour Research Request Form
(*Olympic ESD 114 SPONSORED* classes ONLY)

Student Information (Please Print)

Name: _____ Date of Birth: _____

Mailing Address: _____

School District & Building: _____ Email: _____

Work Phone: _____ Home Phone: _____

Class Information (Please give as much information as possible)

Inservice Title: _____

Inservice Program ID Number: _____

If Title Unknown, Describe Class Content: _____

Start/End Date: _____ Clock Hours Available _____

Instructor: _____ Location: _____

Please complete and mail, with a check, to:

OESD 114 Clock Hour Department
105 National Avenue N
Bremerton, WA 98312

Each class researched will require a non-refundable \$10 research fee. This payment will be noted on your clock hour form.

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

OESD 114 Research Results

Inservice Title: _____

Inservice ID Number: _____ Clock Hours Avail: _____

Start/End Date: _____

OESD Comments: _____

Attendance Verified: YES NO