

# Stanfield School District

## Licensed Staff Renewal Worksheet

Employee Name: \_\_\_\_\_

Number of PDU Required for renewal: \_\_\_\_\_

Number of PDU Verified by Supervisor: \_\_\_\_\_

Credits required for Renewal: \_\_\_\_\_

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Signature of Supervisor

Date

Date Received by District office: \_\_\_\_\_

Date Submitted to TSPC: \_\_\_\_\_