


IT APPROVAL FOR VIRTUAL PROFESSIONAL LEARNING

IT APPROVAL FOR VIRTUAL PROFESSIONAL LEARNING—GCID-E4		
Name:	School: Select one	Position:
Inservice/workshop name:		Dates:
Will the conference be accessed on a divisional machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, during what hours?		
Will the conference be accessed on a personal device?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, from:	<input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Both	
Name of platform that the conference is being accessed through (e.g. Teams, Zoom, Webex)		
Other information:		
School administrator approval:		
<input type="checkbox"/> Denied <input type="checkbox"/> Approved Signature: _____		Date: _____
IT department approval:		
<input type="checkbox"/> Denied <input type="checkbox"/> Approved Signature: _____		Date: _____
Budget code:		
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Effective Date: March 16, 2021
 Amended Date:
 Board Motion(s): 76/21
 Legal/Cross Reference: