



Newark Teacher Induction Program

REQUEST FOR DELAY IN PROGRAM COMPLETION

Name		Participation Year	Y1 Y2 ECO
School		Grade/ Content Area	
District	Newark Unified School District	School Year	

I request additional time to complete the Induction program for the following reason(s):
Check all that apply. Provide detailed information for "Other."

- I am under a physician's care and am unable to work.
A copy of my physician's certification is on file with my employer.
- I am a care provider for a member of my family and am unable to work.
A copy the medical certification is on file with my employer.
- I am on an approved *Leave of Absence* from my employer.
- Other

My initials indicate acknowledgement of each statement below:

- _____ I understand that failure to complete Induction results in not receiving a recommendation for a clear teaching credential.
- _____ If my employer is providing funding for my participation, I may have to repay the cost of participation in the program.
- _____ I understand that my preliminary teaching credential expires on _____.
- _____ I acknowledge a copy of this form will be included in my personnel file.

Credential Candidate Signature / Date _____

Human Resource Executive Director / Signature / Date: _____

Decision:

- Approved from _____ to _____
- Denied: Reason _____

Induction Director / Date: _____