

## TEACHER INDUCTION PROGRAM

### Request for Extension

<b>Name:</b>		<b>Date:</b>	
<b>Contact #</b>		<b>School:</b>	
<b>Grade/Subject:</b>		<b>Mentor:</b>	

I will not complete the Vallejo City Unified School District Induction Program by the end of my second year of participation. Therefore, I request an extension for the following reason(s):

Note: If the reason for the extension is for medical reasons, a physician's certification is required and must be attached.

I have not completed the following program requirements:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I plan to fulfill these requirements by : \_\_\_\_\_ (DATE)

**OFFICE USE ONLY:**

Program Coordinators recommendation of extension request: \_\_\_\_\_ YES \_\_\_\_\_ NO

Stipulations of extension: \_\_\_\_\_

Cost: \_\_\_\_\_

Induction Extended to: \_\_\_\_\_

(Cost will be determined by the amount and type of program requirements that need to be completed.)

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participating Teacher's Signature

\_\_\_\_\_  
Date