



**GREGORY-PORTLAND ISD
PROFESSIONAL LEARNING EXCHANGE DAYS**

Proposed Professional Learning Opportunities for Exchange Day Credit

Name _____

Campus _____ Position _____

Professional Learning Opportunity Title	Provider	Date	# of Hours

I understand that the proposed learning opportunities may not be paid nor occur during regular duty time in order to qualify for Exchange Day credit.

Total # of Hours _____

Once completed, Certificates, Transcripts, or Descriptions of Professional Learning must be uploaded into Eduphoria/Strive.

Employee's Signature _____ Date _____

----- **Administrator Use Only** -----

Circle One: Approved Denied

Comments:

Administrator's Signature _____ Date _____