



TEACHER INDUCTION PROGRAM

Request for Extension

Name:

Date:

Contact #

School:

Grade/Subject:

Coach:

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.)

Coordinator's Signature

Date

Participating Teacher's Signature

Date