

**School Board of Brevard County
Teachers in Industry for Educational Support
Hours Worked in Business/Industry**

PLEASE TYPE

Name of Teacher _____	Social Security Number _____
School _____	School Number _____
Home Phone No: _____	

Business/Industry Site _____	Telephone No. _____
Address: _____	

Project Name	Teachers in Industry for Educational Support (TIES) - Project # 410049, Fund 422
--------------	--

APPROVAL SIGNATURES

School Administrator _____	Date _____	Print Name of Business/Industry Representative _____
Teacher _____	Date _____	Signature of Business/Industry Representative _____ Date _____
Total Project Hours Worked	<input style="width: 150px; height: 20px;" type="text"/>	District Administrative Approval _____
		Signature _____ Date _____

Please complete and send to Carol Anderson, Office of CTE, by June 21, 2010

