Plymouth PUBLIC SCHOOLS
Making dreams come true

CURRICULUM DEVELOPMENT REQUEST FORM

Requested By: _____ **Date of Request:** _____

Dept./Building: _____ **FUNDING SOURCE:** **Budget** ☐ **Grant** ☐

PART I:

CURRICULUM DEVELOPMENT / DATA TEAM/ FRAMEWORKS PROJECT DESCRIPTION	APPROXIMATE NO. OF HOURS	DURATION	APPROXIMATE COMPENSATION

Approved ☐ **Denied** ☐ **If denied, reason:** _____

Authorized Signature: _____ **Date:** _____

Assistant Superintendent of Administration & Instruction

PART II – PARTICIPANT BREAKOUT: ***(Upon approval, complete this section & return to Central Office.)***

NAME	AREA/LEVEL OF CURRICULUM	HOURS	COMPENSATION