

CCCOE/SMC BTSA Induction Program

Request for Extension in Program Completion

Name: _____ **Date:** _____
District: _____ **School:** _____
Grade/Subject Area: _____ **Mentor:** _____

I request additional time to complete the CCCOE/SMC BTSA Induction Program for the following reason(s):

(Please initial at least one of the following and explain if necessary.)

_____ I have severe personal health issues and am under a doctor's care and unable to work.

_____ There are severe personal health problems being experienced by an immediate family member or household member who is under a doctor's care, which precipitate my stopping work to care for this person.

_____ I am on approved leave of absence from my district.

_____ Other: _____

I understand that if I am required to complete an approved Induction Program to clear my credential my failure to do so will result in my not receiving a recommendation for the Professional Clear Teaching Credential.

_____ **Initial**

I acknowledge a copy of this form will be placed in my personnel file in my district.

_____ **Initial**

Teacher's Signature

Date

District Coordinator's Signature

Date

District Human Resource Officer Signature

Date

_____ **Approved through** **Date:** _____

_____ **Denied** **Date:** _____

BTSA Induction Program Coordinator's Signature

Date