

**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 # 41X049, Fund 422
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APPROVAL SIGNATURES

School Administrator _____	Date _____
Print Name of Business/Industry Representative _____	
Teacher _____	Date _____
Signature of Business/Industry Representative _____	
Total Project Hours Worked	<div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>
District Administrative Approval _____	
Signature _____	Date _____

