



## South Carolina Department of Education (SCDE) Employee Request for Renewal Credit Approval

Submit Completed Form to  
SCDE Renewal Coordinator  
Tess Dawkins ([tdawkins@ed.sc.gov](mailto:tdawkins@ed.sc.gov))

- This form is to be completed by SCDE employed educators seeking renewal credits based on activities completed in addition to expected employment position duties. Only activities that fall within options 4 through 11 of the Renewal Matrix require the completion of this form.
- Activities may be verified by the employee's director or deputy. Please attach copies of this form if additional space is needed for renewal credit activities.

### ---- To Be Completed by the Employee ----

Employee's Name: \_\_\_\_\_ Certificate ID #: \_\_\_\_\_

Position Title: \_\_\_\_\_ SCDE Office: \_\_\_\_\_

Employed Educator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list completed activities for which you would like renewal credits to be approved:

Name of Activity	Completion Date	Hours of Participation	Renewal Matrix Option Number

### ---- Verification to Be Completed by Employee's Director or Deputy ----

By signing this form, I attest that the activities described by the SCDE employed educator were completed as indicated.

Signature of Director or Deputy: \_\_\_\_\_ Date: \_\_\_\_\_