



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)

- 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 |
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---- 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: _____