APPENDIX C

***(SAMPLE)* EFFECTIVE INSTRUCTIONAL LEADERSHIP ACT (EILA)**
JULY 1, 2014 – JUNE 30, 2015

Annual Report

To be completed and submitted by <u>August 30, 2015 to</u>
Renee Scott
Kentucky Department of Education
Office of Next Generation Learners
19th Floor CPT, 500 Mero Street
Frankfort, KY 40601

Name of District _____

Address _____

City, State, Zip _____

Contact Person _____

Telephone _____ **e-mail** _____

The following list contains the names of instructional leaders employed by this district that, although required to participate in the *Effective Instructional Leadership Act*, ***did not* complete** the mandated number of training hours.

We are aware that failure to complete at least twenty-one (21) hours of instructional leadership credit annually may be cause for revocation of certification. These employees have been notified.

Signature of Person Responsible for Preparing this Report _____

Signature of District Superintendent _____

Date _____

Name	Position	SS#	Total Hours Earned