

# PROFESSIONAL EMPLOYEES COURSE APPROVAL

Name: (please type or print) \_\_\_\_\_

Address: \_\_\_\_\_

**COURSE APPROVAL** - MUST BE OBTAINED in accordance with provisions of applicable collective bargaining agreements. Complete top portion and send to Supervisor/Division Director for approval prior to course attendance.

Course is being taken for:     Certification     Additional degree and/or course work

Present certification status:     Uncertified                       Provisional                       Permanent

Course #'s 500 or > are considered graduate classes

Course Number	Course Title	Institution	Credit Hours	Semester Month / Year

Brief course description(s):

How will the course(s) help to improve your teaching skills?

\_\_\_\_\_  
Employee's Signature Date

Supervisor:     Approval     Disapproval

\_\_\_\_\_  
Supervisor's Signature Date

Director:     Approval     Disapproval

\_\_\_\_\_  
Asst. Supt. / Director's Signature Date

**SALARY ADJUSTMENT REQUEST** - To be filled out **after** course is completed and send to the office of District Superintendent.

Course Number	Course Title	Institution	Credit Hours	Semester Month / Year

Proof of satisfactory completion of course work must be provided (official transcript is required as evidence). Submit no later than Sept. 30 if course is taken during the summer or 2<sup>nd</sup> semester prior year – Feb. 28 if taken in fall semester.

Masters' degree earned with coursework? \_\_\_\_\_

I hereby claim an adjustment of \_\_\_\_\_ hours

Certification status after coursework:     Uncertified  
(certification change may or may not have impact on salary)

Provisional                       Permanent/Professional

\_\_\_\_\_  
Employee's Signature Date

Superintendent     Approval     Disapproval

\_\_\_\_\_  
Superintendent's Signature Date

Received by Human Resources (date): \_\_\_\_\_

Salary adjustment made (date): \_\_\_\_\_