

**CERTIFICATED
 COURSE APPROVAL FOR SALARY ADVANCEMENT**

NAME: _____ DATE: _____

WORK SITE: _____ SUBJECT OR GRADE LEVEL: _____

- Approval is **required prior to enrollment** for salary advancement.
- You **must** attach supporting materials such as description, brochure, etc.
- This form **must** be signed by your site administrator prior to sending to the District for approval. District administration may approve course approval if site administrator is not available.
- Only District-sponsored courses may be taken twice for salary advancement (restrictions apply).
- Course approval for salary advancement is required for **all** conferences and training including those offered by the District.
- Coursework for salary advancement **must** be completed by **AUGUST 31** of current school year.
- Official transcripts **must** be received in the Personnel Office on or before **NOVEMBER 1** of each year in order to receive salary credit for that school year (no exceptions).
- Course approvals for established programs (masters, intern, etc.) may be submitted under one Program Approval for Salary Advancement form. Changes in course numbers or titles need to be updated with a new course approval form.
- **Failure to meet timeline:** Acceptable coursework taken without prior approval will be subject to a one-year delay in salary advancement credit.

Course Number	Course Title	College or University		
Dates of Attendance	Time	# of Quarter/ C.E.U. Units	# of Semester Units	Is this a repeat course?
to	From _____ am/pm To _____ am/pm			<input type="checkbox"/> Yes <input type="checkbox"/> No

This class is (please circle):

Independent Study Distance Learning Correspondence Course Internet Video Instruction In-Class with Instructor
 Other (please explain) _____

Is this institution a regionally accredited college or university? Yes No

Registration paid by: Employee District **Units** paid by: Employee District

1. Is class scheduled during district-paid time? Yes No
2. Is this course required for a degree, credential, supplementary authorization or other? Yes No
 (If yes, please explain): _____

FOR ADMINISTRATIVE USE ONLY			
I certify that the course requested meets the District requirements for credit and will be beneficial to the teacher's current or future assignment.			
Site Administrator: _____	<u>Approved</u> <input type="checkbox"/>	<u>Disapproved</u> <input type="checkbox"/>	<u>Date</u> _____
Director of Certificated Personnel: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

***Forward form with administrative signature and program schedule to
 Personnel Department, District Office***