

Anderson Union High School District
EMPLOYEE COURSE APPROVAL FORM

Employee Name: _____ Date: _____

Course Title: _____

Course Number: _____ Institution: _____

Date(s) of Course: _____ Units/Hours: _____ Qtr Sem

Give a brief description of course /activity. Attach any supporting material describing your selected staff development activity, if other than District sponsored activity.

Please note in what way this coursework would be of value to the district:

Units of credit will be given for work taken in increments of 15 hours. Only official transcript will be accepted. For permanent salary advancement or placement purposes in any school year, transcripts must be submitted no later than October 15. Any validation received after October 15 will result in salary adjustment in the following school year.

I hereby request approval of the above coursework and request that the units be applied toward professional growth recognition.

Employee Signature: _____ Date: _____

Course approved Course denied

Supervisor Signature: _____ Date: _____

Course approved Course denied

Superintendent Signature: _____ Date: _____