

NEW HAVEN UNIFIED SCHOOL DISTRICT
CERTIFICATED EMPLOYEES

APPROVAL OF UNITS FOR SALARY PLACEMENT

REQUEST FOR APPROVAL OF UNITS FOR COLUMN ADVANCEMENT ON THE SALARY SCHEDULE

Name: _____ Site: _____

Current Assignment (Grade/Subject): _____

Please submit a separate request for each University or District-approved course. Units will be recorded upon verification of successful completion on the district "Certificate of Completion" form for district credit or on an official transcript if applying for university credit.

I am requesting approval of COLLEGE/UNIVERSITY units for:

Course Name: _____

Course Number: _____

College/University: _____

Date: _____ Number of units: _____

Indicate Semester or Quarter

I am requesting DISTRICT CREDIT for the course listed below. *I waive any right to University credit for this course:*

Course Name: _____

Location where Offered: _____

Date: _____ Number of units*: _____

*One semester units is equal to 15 hours of instruction

This course relates to my professional preparation in the following way(s): _____

Signature: _____

I certify that this course is directly related to the employee's current assignment

Approved

Not Approved

Unit Member's Evaluator

Personnel Services Designee

Date

Date