



Trustees:
 Jim Carroll
 Leila G. Dumore
 Les McMullen
 Terri Quigley
 Helen Ciaramella

Dr. Baljinder Dhillon
 Superintendent

COURSE APPROVAL
Prior Approval for University Courses/Training to be Applied for Salary Credit

Article 19.3.5: The District Office must be notified by June 1st, if a Unit Member intends to move horizontally to the next column on the salary schedule because of a unit increase. College level units and/or continuing education units and/or graduate level units from an accredited college or university will be accepted. Unit members will complete the district office for of 'Intent to move on the salary schedule by June 1st. Courses must be completed by the first day of school to count towards salary advancement. Unit members must submit official transcripts verifying courses completed with passing grades by October 1st. Unit members will be responsible for repaying the difference of salary if official transcripts verifying approved units are not received by the District by October 1st.

Any request for university credits for a non-district provided course shall be submitted first to your principal for pre-approval and then forwarded to the superintendent for final approval. The form must be received by June 1st.

After the completion of the pre-approved Courses/Training the Transcript must be submitted to the DISTRICT OFFICE, which reflects the completion of the Course/Training; the date of completion; the number of units/hours earned; the institution or agency providing the Course/Training; and, if applicable, the grade received. The transcripts must be received by October 1st.

Employee Name: _____ **Site:** _____

Grade/Subject: _____ **Date:** _____

Categories:

- | | |
|--------------------------------|---|
| 1. Common Core State Standards | 4. English Language Development |
| 2. Students with Disabilities | 5. Instructional Strategies/Methodologies |
| 3. Educational Technology | 6. Content Related |
| | 7. OTHER: _____ |

| Category Number | Course Number | Title of Course/Description | Number of Credits | University Name | Date of Completion |
|-----------------|---------------|-----------------------------|-------------------|-----------------|--------------------|
| | | | | | |

PRINCIPAL/SUPERVISOR:

Date Approved: _____ Date Not Approved: _____

Rationale if Not Approved: _____

Principal/Supervisor _____ Date _____

SUPERINTENDENT:

Date Approved: _____ Date Not Approved: _____

Rationale if Not Approved: _____

Superintendent _____ Date _____

VERIFICATION OF COMPLETION (OCTOBER 1) PAYROLL/PERSONNEL:

- As of October 1st your transcripts **have been** received and the following salary schedule placement has been recorded: _____
- As of October 1st your transcripts **have NOT been** received and your current placement on the salary schedule is: _____
- Employee was paid for units and is responsible to payback the district due to predicted salary schedule movement, per ACTA CBA Article 19.3.5.

Payroll/Personnel Department Signature _____

_____ Date