

SAN CARLOS SCHOOL DISTRICT

APPROVAL OF COURSES

TO: Human Resources Office

DATE: _____

(Employee Name): _____ has my approval to take the following course(s):

<u>Course Number</u>	<u>Course Name</u>	<u>College</u>	<u>Year</u>	<u>Semester Units</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Purpose for taking course: _____

I approve the above course(s) for the following reason: _____

Date

Administrator or Immediate Supervisor

Date

Approved: Superintendent

*Quarter units should be multiplied by 2/3 to equal semester units.