**HEMET UNIFIED SCHOOL DISTRICT**

# REQUEST FOR APPROVAL OF COURSE WORK

*FOR COLUMN ADVANCEMENT ON THE DISTRICT SALARY SCHEDULE*

FOR CERTIFICATED BARGAINING UNIT EMPLOYEES ONLY

NAME: _____

ASSIGNMENT: _____

WORKSITE: _____

GRADE LEVEL: _____

COLLEGE/UNIVERSITY: _____

COURSE NO. : _____ NUMBER OF SEMESTER UNITS: _____

COMPLETION DATE OF COURSE: _____

OTHER: _____

(Master's program or a program for a particular credential). **Please list each course number/number of semester units/completion date of program and attach to this form.**

Relationship of course work to employee's assignment/credential area:

_____

_____

_____

_____

Employee's Signature DATE

**FOR APPROVAL:**

_____

Supervisor's Signature DATE

**FOR DISAPPROVAL:**

_____

Supervisor's Signature DATE

The original copy of this request must be submitted to your supervisor for **PRIOR APPROVAL** of all course work. Keep a copy of this request for your files. You will submit a copy of this request along with official transcripts for all course work taken to Human Resources *after* all requirements are met for column advancement on the District Salary Schedule.