

Application for acceptability of College/University Units For Professional Development

Name

Site

Job Title

This form must be signed by your site administrator prior to submission to Human Resources. All units must be submitted <u>no later than one calendar year from completion of units</u>.

I request approval of the following units of credit:

Course #	Date Taken	Course Title	School Name	Semester Units	Quarter Units	Clock Hours

Course Description: _____

Objective in taking this course:

Signature of Applicant

Date

Signature of Site Admin

Date

Evidence of Course Completion: Official Transcripts must be attached and submitted to Human Resources with this form. If sufficient additional units are filed with Human Resources by October 1, the employee's salary will be adjusted (retro to the beginning of that school year) to reflect the higher placement.

Disapproved/Reason:		
		Signature
TOTAL UNITS:	DATE VERIFIED:	INITIALS:

Employee should keep a copy of this form and submit the original to Human Resources.