REQUEST FOR APPROVAL OF ONLINE COURSES

(Article XVI --- Compensation --- Section A. page 35)

Attach proof for each of the following areas:

University/College Name:_____

Course Title:_____

Course Number:_____

(Please include the Course description from the College/University)

- ____ Graduate Level Yes No
- ____ Nationally accredited institution Yes No
- ____ Institution recognizes the course for credit at the institution Yes No
- ____ The course work bears some direct relationship to the teacher's job field (s)

  Yes No
- _____ The teacher presents evidence of successful completion of the course

  _____ Date expected _____ Date Received *(HR Use)*

_____ _____ _____ _____

Certified Staff (Please Print) Department Campus Date

In accordance with the professional negotiations agreement, your request for approval of online courses:

_____ Has met the conditions of the agreement

_____ Has not met the conditions of the agreement

(*Schedule meeting with HR)*

_____ _____

Superintendent/Designee Date

HR Use only

____ Horizontal movement salary schedule Date _____

Cc: Personnel File

Payroll _____Date