

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