

Lompoc Unified School District

COURSES COMPLETED FOR SALARY CREDIT

Name (Print): _____ Date: _____

School: _____ Job Assignment: _____

I have completed the following courses and request approval of the Review Committee for salary credit.

Official transcripts verifying completion of courses are attached.

Action of Committee

1. Course # _____ Course Name _____ #1 Approved _____
College _____ Reason Taken _____ Disapproved _____
Date Taken _____ Grade _____ Semester Units _____

2. Course # _____ Course Name _____ #2 Approved _____
College _____ Reason Taken _____ Disapproved _____
Date Taken _____ Grade _____ Semester Units _____

3. Course # _____ Course Name _____ #3 Approved _____
College _____ Reason Taken _____ Disapproved _____
Date Taken _____ Grade _____ Semester Units _____

4. Course # _____ Course Name _____ #4 Approved _____
College _____ Reason Taken _____ Disapproved _____
Date Taken _____ Grade _____ Semester Units _____

5. Course # _____ Course Name _____ #5 Approved _____
College _____ Reason Taken _____ Disapproved _____
Date Taken _____ Grade _____ Semester Units _____

6. Course # _____ Course Name _____ #6 Approved _____
College _____ Reason Taken _____ Disapproved _____
Date Taken _____ Grade _____ Semester Units _____

For Office Use Only:

Salary Hurdle Completed: { } Yes { } No

Advanced Degree Verified: { } Yes { } No

Units Approved: _____

Total Units on File: _____