

LODI UNIFIED SCHOOL DISTRICT

**FORM A - CERTIFICATED COURSE APPROVAL REQUEST**

**Note:** Approval required prior to enrollment in university/college course for salary advancement.

Name: \_\_\_\_\_ EIN #: \_\_\_\_\_ Site: \_\_\_\_\_ Assignment \_\_\_\_\_

Course Title	Course Number	College/University	Time of Class	Dates of Attendance		Quarter/ CEU Units or	Semester Units	Repeat Course?	
				From	To			Y	N
1 _____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7 _____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8 _____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9 _____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10 _____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(Attach an explanation for any repeat classes.)

How will the above course(s) benefit you and your students? \_\_\_\_\_

\_\_\_\_\_

I certify that the above classes will not be taken during district-paid time and that all expenses will be paid by  District  Employee  Other (please explain)

\_\_\_\_\_

Employee Signature

Date

**ADMINISTRATOR/MANAGER COMPLETE THIS SECTION BEFORE SUBMITTING TO PERSONNEL**

I have reviewed the above course(s) with the employee and certify that these are upper division units that directly relate to this employee's assignment:

Site Administrator/Program Manager Signature

Date

**PERSONNEL DEPARTMENT USE**

\_\_\_\_\_ Approved

Comments \_\_\_\_\_

\_\_\_\_\_ Denied

\_\_\_\_\_ More Information Needed

Authorized Signature

Date