

Norrridge School District 80
Graduate Coursework, PD Workshop & Professional Association
Pre-Approval Form

Name: _____

Date of Request: _____

Graduate Coursework _____ PD Workshop _____ Professional Association _____

Graduate Coursework: Please attach a photocopy of the course catalog description with the university name and phone number.

University Name: _____

Course Number and Title: _____

Term and Year: _____

Semester Hours: _____

Are you working towards a new license or endorsement? _____ Yes _____ No

If yes, please complete the following:

New license or endorsement: _____

When will you complete the license or endorsement: _____

Professional Development Workshop: Please attach documentation detailing the seminar or workshop along with location and contact information..

Seminar Title: _____

Date and Time: _____

Seminar Location: _____

Professional Association Fee: Please attach documentation detailing the Professional Association you wish to join/subscribe to.

Name of Professional Association: _____

Dates of membership: _____

Please state how this Professional Development opportunity / Professional Association will improve your effectiveness as a teacher:

Teacher's Signature: _____
Principal's Signature: _____ Approved _____ Denied
Superintendent's Signature: _____ Approved _____ Denied

Reason for Denial:

Board of Education Appeal Process for Coursework Form

If a college/university course is denied for pre-approval status by the Superintendent, you may appeal the decision to the Norridge District 80 Board of Education (BOE). Complete this form and submit it to the BOE secretary no later than one week before the next BOE meeting. The BOE will submit an acceptance or denial no later than one week after the BOE meeting.

Teacher's Name: _____

College/University: _____

Course Name: _____ Date: _____



I have submitted a course description from the college/university.



I have submitted a description of how this course will improve my teaching skills.

Board of Education Response:

_____ Course is accepted for pre-approval status

_____ Course is denied for pre-approval status based on the following information:

BOE President Signature: _____

Date: _____

**NORRIDGE SCHOOL DISTRICT 80
Employee Travel Reimbursement**

Name _____

Date of Request: _____

Conference/Workshop attended: _____

Date of conference/workshop: _____

Location: _____

Please print and attach receipts for all expenditures. For mileage attach
quest print-out.

Date	Mileage		Lodging	Other		Daily Total
	Miles	Cost*		Item	Cost	

* Current IRS Mileage Rate

Teacher's Signature _____

Principal's Signature: _____

approved ___denied

Superintendent's Signature: _____

approved ___denied

Reason For Denial _____

**Norrridge School District 80
Sick Leave Bank Member Request Form**

Section I: Employee Information

First Name: _____ Last Name: _____

School: _____

Position: _____

Phone _____
Number: _____

I have read and understand the parameters of the Sick Leave Bank as defined in the Collective Bargaining Agreement

Section II: Sick Leave Bank Request

I am a member of the Norridge District 80 Sick Leave Bank and I am requesting paid sick leave due to a catastrophic illness. I have used (or will have used) all of my accrued sick and personal leave and I have gone at least three days without pay. I am requesting certification from a licensed medical practitioner stating the beginning date of the condition, a description of the catastrophic illness, and the date I expect or return to work. A medical statement of rationale will be required to extend sick leave benefits beyond initial request and allotment to the maximum of fifty days (50).

I am requesting _____ days from the Sick Leave Bank to be credited to my sick leave balance.

Section III: Authorization

Last day of work: _____
Estimated return to work date: _____
Number of days requested: _____
Last day of paid leave: _____
Number of sick days previously approved: _____
Attending Physician: _____

Employee Signature: _____
Date: _____

SICK LEAVE BAN COMMITTEE (Office Use Only):

Date received: _____ Start Date: _____
Request Approved: _____ End Date: _____
Number of Days Approved: _____

Request denied for the following reason(s): _____

Association President Signature: _____

Norridge School District 80 Sick Leave Bank Participation

Eligibility to join: All bargaining unit members who carry forward at least fourteen (14) sick leave days from the prior school year shall be eligible to join the Bank during the month of September

I, _____,
desire to participate in the Sick Leave Bank Program and authorize the District Personnel Office to deduct from my accumulated sick leave, two (2) sick days which shall be deposited in the Norridge District 80 Sick Leave Bank. I understand that my participating will automatically continue from year to year unless I notify the Sick Leave Bank Committee in writing of my intent to withdrawal. In the event I withdrawal, I understand that I will not get back the sick leave days I donated. I also understand that each time the Sick Leave Bank balance falls below 100 days; the Committee will inform participants of the need to donate enough days to bring the balance in the bank to at least 100 days.

I have read and understand the parameters of the Sick Leave Bank as defined in the Collective Bargaining Agreement.

_____ I currently do not have at least fourteen (14) sick leave days and I am not eligible to join.

_____ Yes, I would like to join the Sick Leave Bank.

_____ No, I am not interested in joining the Sick Leave Bank at this time. I understand that if I decide to join in the future; I will have to contribute the number of days assessed on the members for contribution to the Sick Leave Bank since inception date.