

**CERTIFICATED  
 PROGRAM APPROVAL FOR SALARY ADVANCEMENT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 WORK SITE: \_\_\_\_\_ SUBJECT OR GRADE LEVEL: \_\_\_\_\_

PROGRAM INFORMATION

Use this form to receive approval for salary advancement for established programs such as masters and intern programs. You must attach a program schedule showing projected dates and course titles for coursework in this program. You will not need to submit course approvals for any classes shown on the attached schedule unless there are changes in course numbers or titles.

- Approval is **required prior to enrollment** for salary advancement.
- You **must** attach a program schedule.
- This form **must** be signed by your site administrator prior to sending to the District for approval. District administration may approve program if site administrator is not available.
- Coursework for salary advancement **must** be completed by **AUGUST 31** of current school year.
- Official transcripts **must** be received in the Personnel Office on or before **NOVEMBER 1** of each year in order to receive salary credit for that school year (no exceptions).
- **Failure to meet timeline:** Acceptable coursework taken without prior approval will be subject to a one-year delay in salary advancement credit.

Name of Program (attach program schedule)	Name of Institution	Estimated Dates of Program	Total # of Units
		to	

**This class is (please check):**

- Independent Study  
  Distance Learning  
  Correspondence Course  
  Internet  
  Video Instruction  
  In-Class with Instructor

Other (please explain) \_\_\_\_\_

Is this institution a regionally accredited college or university?     Yes     No

**Registration** paid by:    Employee    District      **Units** paid by:    Employee    District

1. Is program scheduled during district-paid time?    Yes    No
2. Is this program required for a degree, credential, supplementary authorization or other?    Yes    No  
 (If yes, please explain): \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

I certify that the *program* requested meets the District requirements for credit and will be beneficial to the teacher's current or future assignment.

	<u>Approved</u>	<u>Disapproved</u>	<u>Date</u>
Site Administrator: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Director of Certificated Personnel: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Forward form with administrative signature and program schedule to  
 Personnel Department, District Office**