

APPROVAL FOR JOB RELATED TRAINING
Vocational Credit
PSE Office Professionals

Directions: Fill out Section I and send form to Assistant Superintendent, Human Resource Services for approval, **PRIOR** to attending the course. Signed form indicating approval or disapproval will be returned to employee. If approved, take original to the course and, upon completion, have the instructor sign it. **Return the original form, complete with all signatures, to the Human Resource Services Department prior to September 1 of any school year for which salary credit is to be applied.**

I. Name: _____ Date: _____

Job Title: _____ Building: _____

As per section 13.5 of the PSE Office Professionals Collective Bargaining Agreement, I am requesting approval for salary credit for the following course:

Course Title: _____

Date(s) of Course: _____ Time(s) of Course: _____

Sponsor of Course: _____

Total Instructional Hours: _____

Total Unpaid Instructional Hours: _____

Course Description: _____

II. Approved: _____ Disapproved: _____

Human Resource Services / Date

III. I hereby certify that _____ has successfully completed the above named course for a total of _____ instructional hours.

Instructor's Signature

NOTE: Credit cannot be requested for workshops attended during normal working hours as per Section 13.5 of the Collective Bargaining Agreement. Only **unpaid attendance time** may be applied towards wage credits.