

REQUEST FOR COURSE APPROVAL – CSEA MEMBERS
(NOT VALID UNLESS SIGNED BY SUPERINTENDENT)

Name _____ Date of Application _____

School _____ Assignment _____

Organization or College Offering Course _____

Course Number and Title or In-Service Title	Location and Instructor	Date of Course and Total Contract Hours

Check one of the following:

- Full reimbursement of registration fee for the approved course
- Hourly Employees:** Stipend \$8 per clock hour for hourly employees
- Salaried Employees:** In-service pay added to base salary - \$28.00
*(Earned when course occurs outside of the school day.
15 clock hours = 1 credit hour.)*

Staff Signature Date

Supervisor's Signature Date

FOR OFFICE USE ONLY

Course Approval

Superintendent's Signature Date

1. Copy of form sent to person taking course Date Name
2. Registration paid by Business Office Date Name
3. Official notice of course completion received Date Name
4. Approval given for payment of stipend Date Name