PASADENA UNIFIED SCHOOL DISTRICT

Claim for

SALARY SCHEDULE CREDIT PRE-AUTHORIZATION

I. EMPLOYEE INFORMATION

Social Security Number _____ Last Name _____ First Name _____ Middle _____

School _____ Grade Level/Subject Area _____

II. PROFESSIONAL DEVELOPMENT ACTIVITY

Workshop/Conference Title _____

Sponsor/Presenter _____ Location _____

Meeting Date(s) _____ Hours _____ Total Time _____

III. EDUCATIONAL VALUE

Briefly describe the educational and/or professional development value derived from your attendance.

_____

_____

_____

_____

IV. AUTHORIZATION

_____Approved _____Denied _____
Administrator, Instruction

V. CERTIFICATION OF ATTENDANCE

Attached copies of documentation to certify attendance, e.g. cancelled check, credit card receipt.

I certify that the above named person has successfully completed the objective of the above name course/workshop/conference and was in attendance for the specified time.

Presenter's Signature _____ Date _____

VI. FILING INSTRUCTIONS

Keep one copy of form and receipts. Send original to the Personnel Services within thirty (30) working days of completion of activity.

PERSONNEL SERVICES USE ONLY Date Received_____ Date Posted_____