



# ROMOLAND SCHOOL DISTRICT

25900 Leon Road, Homeland, CA 92548  
 Phone: 951.926.9244 ♦ Fax: 951.926.2170

## CERTIFICATED EMPLOYEE COURSE APPROVAL FOR COLUMN MOVEMENT ON SALARY SCHEDULE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I am requesting approval of the following courses that would assist in my advancement on the certificated salary schedule:

Course Number	Course Name	Institution	# Units (Indicate quarter or semester)

- I understand that if my course work is not approved prior to taking the course, it may not count for column advancement during the current year.
- I understand I am responsible for submitting official transcripts showing completion of course work to the District.
- I understand that increased pay for column changes shall be effective according to the following schedule if requirements are met:
  - a. Verification submitted prior to September 30 shall be effective as of the first contractual workday, and paid on the October pay warrant.
  - b. Verification submitted between October 1 and January 31 shall be effective as of January 1 and paid on the February pay warrant.

\_\_\_\_\_  
 Certificated Employee Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Principal Signature of Approval

\_\_\_\_\_  
 Date

**This form should be routed by the Principal to the Human Resources Department for signature.**

\_\_\_\_\_  
 Director of Human Resources

\_\_\_\_\_  
 Date