



MANTECA UNIFIED SCHOOL DISTRICT
CERTIFICATED
PROGRAM APPROVAL FOR SALARY ADVANCEMENT

NAME: _____ DATE: _____

WORK SITE: _____ SUBJECT OR GRADE LEVEL: _____

Use this form to receive approval for salary advancement for established programs such as Masters, Intern, and/or Credential Programs. You must attach a program schedule showing projected dates and course titles for coursework in this program. Course approvals do not need to be submitted for any classes shown on the attached schedule, unless there are changes in course numbers or titles.

INSTRUCTIONS:

- Fill out form with program information and attach supporting materials such as program schedule, courses that will be taken, syllabus, etc.
- This form must be signed by your site administrator prior to sending to the District for approval. District Administration may approve courses if site administrators are not available.
- Changes in course numbers or titles need to be updated with a new course approval form.
- Forward form with Administrative signature and program schedule to District Office – Human Resources Department.

DEADLINES:

- Coursework for salary advancement must be completed by **AUGUST 31** of current school year.
- Official transcripts must be received in the Human Resources Department on or before **NOVEMBER 1** of each year to receive credit. No exceptions.

Failure to meet timeline: Acceptable coursework taken without prior approval OR transcripts received after November 1 will be subject to one-year delay in salary advancement credit.

PLEASE NOTE:

- Transcripts are reviewed and entered in HR Database in order received. Changes in Salary will take place between the months of July 1 – November 30.
- Quarter / CEU Units are converted to Semester Units.

NAME OF PROGRAM (Attach program schedule)	INSTITUTION NAME	ESTIMATED DATES OF PROGRAM	TOTAL # OF UNITS
		TO	☐ Semester ☐ Quarter

This program 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 this 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: _____	☐	☐	_____
HR Director: _____	☐	☐	_____