

NEOGA COMMUNITY UNIT SCHOOL DISTRICT #3

PROFESSIONAL TRAINING PREAPPROVAL REQUEST

Employee Name: _____ Date: _____

Type of Professional Training:

- _____ Coursework
- _____ Workshop
- _____ Other: _____

Level of Training:

- _____ Undergraduate
- _____ Graduate
- _____ Other: _____

University/Institution Granting Credit: _____

Course/Workshop Title and Number: _____

Instructor's Name: _____ Date of Class _____

Amount of Semester Hours Credit Requested: _____

Are You Working Toward a Graduate Degree? _____

Degree Program: _____ University: _____

Is the Credit Request Part of the Degree Program Requirements? _____

How Will this Work Improve Your Teaching Skills? _____

Present Column Placement on Salary Schedule: _____ B.S. _____ M.S.

 _____ B.S. + 16 _____ M.S. + 16

 _____ M.S. + 32

Semester Hours Already Accumulated Toward Advancement to the Next Column: _____

Will This Completed Course Change your Present Placement on Salary Schedule? _____

* * * * *

_____ Approved

_____ Denied

_____ Date

_____ Superintendent

Comments:

After completion of class, please verify that a copy of your transcript was received by the Unit Office.

Tuition Reimbursement: See Professional Agreement, Article 2.7 b