

## CALAVERAS UNIFIED SCHOOL DISTRICT

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www.Calaveras.k12.Ca.us

	REQUEST FOR INSERVICE/COURSE APPROVAL FOR SALARY INCREMENT
Na	me: Date of Request:
Nu	mber & Title of Course:
Sp	onsoring College/University: or
Wi	Il this activity provide District generated Inservice hours?  Yes No
Da	tes Inservice/Course Offered: From: To: Unit Credit: (specify semester/quarter/contact hours)
Но	w will this Inservice/Course benefit you and/or your class?
0	<u>Teachers Only</u> : All units to be considered for salary increment must be earned post Bachelor's Degree;
0	All units to be considered for salary increment must be approved prior to enrollment;
0	Course work taken to satisfy projected professional needs may be taken at any level;
0	Approved course work taken during the regular academic school year and the summer of that school year will count toward reclassification for the ensuing year.
0	All units completed must be submitted no later than <b>September 10</b> and must be in the form of a grade card or transcript;
0	The responsibility for submitting evidence of qualification or units rests with the employee. Course description, a copy of inservice announcement or course description must be attached to this form.
	OTE: All coursework is recorded in semester units. Inservice hours and/or quarter units will be overted to semester unit equivalents.
Pri	ncipal/Site Administrator Date

\*\*\*Original & attachment to Personnel Dept.; Yellow retained at site; Pink copy to employee\*\*\*

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