

REQUEST FOR COURSE APPROVAL – CSEA MEMBERS
(NOT VALID UNLESS SIGNED BY SUPERINTENDENT)

Name _____ Date of Application _____

School _____ Assignment _____

Organization or College Offering Course _____

| Course Number and Title or In-Service Title | Location and Instructor | Date of Course and Total Contract Hours |
|---|-------------------------|---|
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Check one of the following:

- Full reimbursement of registration fee for the approved course
- Hourly Employees:** Stipend \$8 per clock hour for hourly employees
- Salaried Employees:** In-service pay added to base salary - \$28.00
15 clock hours = 1 credit hour

Signature

Supervisor's Signature

FOR OFFICE USE ONLY

Course Approval

Superintendent's Signature

Date

- | | | |
|--|-------|-------|
| 1. Copy of form sent to person taking course | _____ | _____ |
| | Date | Name |
| 2. Registration paid by Business Office | _____ | _____ |
| | Date | Name |
| 3. Official notice of course completion received | _____ | _____ |
| | Date | Name |
| 4. Approval given for payment of stipend | _____ | _____ |
| | Date | Name |