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

Name ______________________________ Date of Application ______________

School ______________________________ Assignment ______________________________

Organization or College Offering Course ______________________________

<table>
<thead>
<tr>
<th>Course Number and Title or In-Service Title</th>
<th>Location and Instructor</th>
<th>Date of Course and Total Contract Hours</th>
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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  
(Earned when course occurs outside of the school day.  
15 clock hours = 1 credit hour.)

Staff Signature __________________________ Date ______________

Supervisor’s Signature __________________________ Date ______________

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 __________________________

Revised 9/2017