



# Bowman County Public Schools



## Staff Continuing Education Form

Name of Employee \_\_\_\_\_ Date \_\_\_\_\_

Course Name and Number \_\_\_\_\_ Institution \_\_\_\_\_

Graduate Credit Hours earned \_\_\_\_\_ Date of Course Completion \_\_\_\_\_

### Expenditure Guidelines

#### BCSD only responsible for:

Approved workshop registration fees, providing availability of school district transportation for approved workshop and meal reimbursement during the workshop when not included in registration. Administrator approved workshop materials not included in cost of registration.

#### Employee responsible for:

All Graduate Credit related fees, any hotel room fees not previously approved by school administration, any related supplemental materials not previously approved by school administration. **\*Please attach class/workshop description/syllabus to this form.**

### Credit Request/P.D. Requirement (Check all that apply\*)

\_\_\_\_ Requesting Graduate Credit approval for movement on Negotiated Salary Schedule:

from lane \_\_\_\_\_ to lane \_\_\_\_\_.

\_\_\_\_ Requesting Graduate Credit Approval for possible future movement on Negotiated Salary Schedule

\_\_\_\_ Meeting District staff professional development yearly requirements\*(3 days per year)

**\*Initial administrative course approval required prior to registration for courses.** NOTE: Following course completion, employees must submit proof that credit/credits have been recorded by the credit granting institution. Teachers who wish to have salary adjustments made because of graduate work completed must submit proof to the Superintendent on or before the first day of school. \*(Transcript or letter from college stating that the requirements were met will constitute proof.)

\_\_\_\_ date \_\_\_\_\_

Employee Signature

### For Office Use Only (Check all that apply)

\_\_\_\_ Administrative Approval of Graduate Credit for movement on Negotiated Salary Schedule: From \_\_\_\_\_ to \_\_\_\_\_ Lane

\_\_\_\_ Administrative Approval of Graduate Credit for possible future movement on Negotiated Salary Schedule

\_\_\_\_ Administrative Approval of Credit to Meet District staff professional development yearly requirements

\_\_\_\_  
Superintendent Signature

\_\_\_\_  
Date