



AROMAS-SAN JUAN UNIFIED SCHOOL DISTRICT  
 2300 SAN JUAN HWY.  
 SAN JUAN BAUTISTA, CA 95045  
 PHONE: 831-623-4500 FAX 831-623-4907

**APPROVAL OF COLLEGE UNITS FOR SALARY  
 ADVANCE**

Please submit one copy of this form to the School Site Administrator. After the Site Administrator reviews the request, one copy of this form will be returned to you with the decision and one copy will be placed in your personnel file.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PROPOSED COURSE**

Course #: \_\_\_\_\_ Title: \_\_\_\_\_ Sem Units: \_\_\_\_\_

College or University: \_\_\_\_\_

Brief Description of Course: \_\_\_\_\_

**REASON FOR UNITS**

Check One:

Required course for advanced degree  
 Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Required course for State credential  
 Which credential: \_\_\_\_\_

Other (please specify): \_\_\_\_\_  
 \_\_\_\_\_

**SALARY ADVANCEMENT CREDIT IS NOT ACCEPTED FOR COURSEWORK PAID FOR BY THE DISTRICT.**

APPROVED : YES \_\_\_\_\_ NO \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Note: This approval is valid ONLY for the semester or quarter requested. If you wish to take the course described at a later date, a new approval form must be submitted.**