

ALDEN-HEBRON S.D. #19

Employee Request for Approval for Credit Courses

Employee's Name: _____

Today's Date: _____

I request approval for the following course(s):

Name of Course(s)	University/College	# of Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee's Signature _____

I understand that without pre-approval, these courses may not be credited toward a) tuition reimbursement and/or b) hourly wage/salary schedule changes. Approval is met when course work is directly related to appropriate professional development as it relates to my job at Alden-Hebron; school improvement initiatives; others as deemed appropriate by the administration.



- Approved
- Denied

Reason for Denial _____



Signature of Approving Administrator _____

Final Approval by Superintendent _____

Date of Final Approval _____