



REQUEST FOR APPROVAL OF COURSE WORK

EMPLOYEE NAME: _____

EMPLOYEE # _____

_____ CERTIFICATED* _____ CLASSIFIED

SITE/LOCATION: _____

COLLEGE: _____

TITLE & COURSE WORK	SEMESTER UNITS	QUARTER UNITS	CLASS STARTS

***Per TVEA/TVUSD Article 9 – Professional Growth, Section 9.3.2.5:**

“Six (6) of the required fifteen (15) units needed for column advancement must be taken from the following course content areas: Reading Strategies, Math, Technology, CLAD/SDAIE/BCLAD, Writing (Writing Strategies), Teaching Special Needs Students, Classroom Management and content specific to teaching assignment.”

Employee’s Signature: _____ Date: _____

_____ APPROVED _____ DISAPPROVED

Administrator’s Signature: _____ Date: _____

****SUBMIT TO HUMAN RESOURCES DEVELOPMENT DIVISION****

_____ APPROVED _____ DISAPPROVED

Assistant Superintendent, Human Resources Development

Date: