REQUEST FOR APPROVAL OF COURSE WORK

EMPLOYEE NAME: ____________________________________________

EMPLOYEE # ________________________________________________

_________________________ CERTIFICATED* ________________________________ CLASSIFIED

SITE/LOCATION: ________________________________________________

COLLEGE: ______________________________________________________

<table>
<thead>
<tr>
<th>TITLE &amp; COURSE WORK</th>
<th>SEMESTER UNITS</th>
<th>QUARTER UNITS</th>
<th>CLASS STARTS</th>
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*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: