Course Approval Form

This form is to be submitted to the employee’s department head for their recommendation and forwarded to the Director of Human Resources for approval/denial (see appropriate contract language). A copy will be returned to the employee.

I am requesting approval for the following course for advancement on the salary schedule or for the stipend:

Name: ________________________________________________________________
Course: ________________________________________________________________
School/Agency: __________________________________________________________
Brief Description and relevance to position:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date Course Begins: __________   Ends: __________

Number of Units/Hours: Semester _____   Quarter _____   Hours: _____
I would like to apply these units/hours towards:
Stipend ($50 per 15 hours) _______   or   Advancement on the salary schedule _______

Employee Signature: ___________________________   Date: ___________

Recommend:   Approve ____   Deny ____

Supervisor’s Signature

Comments: ____________________________________________________________
_______________________________________________________________________

******************************************************************************
Approved: ____   Denied: _____   _________________________________________
Mary Hang, Executive Director of Human Resources Administrator
Comments: ______________________________________________________________
_______________________________________________________________________

RN: Revised – 2/17/21