

SUPPORT STAFF AWARD CREDIT

PRIOR APPROVAL

PLEASE PRINT
Employee _____
Building _____
Position _____
Date _____

A. Training/Workshop: 1. _____ Attendance Time _____
 2. _____ Attendance Time _____

B. College Course Title: 1. _____ Credit Hours _____
 2. _____ Credit Hours _____

Name of Training Facility/College

A.1. _____ A.2. _____ B.1. _____ B.2. _____

3. Enrollment Period (Please Circle Appropriate Term) :

a. Summer _____ (yr) b. Fall _____ (yr) c. Spring _____ (yr)

4. Please Check Appropriate Reason and attach course description:

a. Improve work assignment ____ b. Improve employee-client relationship ____ c. college hours ____

5. Briefly state the reason for requesting Award Credit and how it relates to your job.

 Employee's Signature

 Supervisor's Approval Date _____

 Asst. Superintendent/Superintendent Approval Date _____

COMPLETION FORM

Support Staff:

- Upon completion of course or training please send this form to Central Office with verification of satisfactory completion to receive your \$15.00 award credit.
- This form needs to be turned into Central Office
 (Fall semester forms due on or before 1/10; Spring/Summer semester forms due on or before 10/1).

****You MUST attach a verification of satisfactory completion of course.**

I have satisfactorily completed the course and request award credit.

 Date

 Employee Signature