

DELANO UNION SCHOOL DISTRICT
APPLICATION FOR SALARY CREDIT
Review/Approval

_____/_____/_____
(Name) (Date) (Soc. Sec. Number)

Course No. Title Units Instructor
_____/_____/_____
Date of Course College/University City State

Catalog Description of Course: _____

Rationale for taking the class: _____

Asst. Superintendent – H.R., Review/Approval:

_____/_____/_____
(Signature) (Date)

College Credit: If the employee is receiving college credit for the conference (class), no district funds shall be used for the employee's expenses. (Board Policy 4133.1, 4233.1)

When class is finished, a copy of this approval form and transcript is to be recorded at the District Office.

Deadline: Course Credits for salary adjustment purposes may be filed once each fiscal year prior to February 1st. (DUESTA) contract)