

Employee Signature:_

Course Approval for Salary Advancement

Return to: Amanda Smith

ASmith2@KPBSD.k12.ak.us or

Human Resources 148 N Binkley Street Soldotna, AK 99669

Date:_

Employee Name:			Employee #				
Current	Assignment:		Location:				
					OFFICIAL USE ONLY		
Course #	Course Name	College/University	Anticipated Dates of Attendance	Semester Credits	Approved (Yes/No)	Signature of Superintendent's Designee	
ourse "	Course name	conege, eniversity	Hetendanee	Cicuits	(103/110)	Designee	
						_	
NOTE:							
Pagia	of approval (abova)	must qualify under one or	more of these	oonditions	The class	was tolzon.	
i, Dasis	a	. as part of an advanced do . because it relates to an in	egree program			was taken.	
2. Appro Noven		th the use of this form are	subject to recei	pt of officia	ıl transcri _l	ots on or before to	
	val will not be gran es taken within the	ted for courses taken prior last five years	to receipt of yo	our basic do	egree or fo	r credits that repea	