

Credit for Enhanced Longevity

IN RECOGNITION OF THE REQUIREMENT THAT COURSES/TRAINING MUST BE ADMINISTRATIVELY APPROVED, PRE-APPROVAL FOR ENHANCED LONGEVITY IS ENCOURAGED BUT NOT REQUIRED. IF PRE-APPROVAL IS REQUESTED, PLEASE SUBMIT THIS FORM AT LEAST TEN (10) WORKING DAYS BEFORE SCHEDULED DATE OF COURSE/TRAINING.

(Applicable only for teachers who qualify under Article 5 of the Master Agreement.)

o PRE-APPROVAL REQUESTED

Name _____ Building _____

Length of Service with District: _____ Salary Schedule: MA _____ MA+ _____

SECTION A:

Organization offering training . Attach documentation for training (flier, registration sheet, etc.)

Date of Training	Title And Short Description	Number of Clock Hours

State briefly how the course/training listed above is related to your teaching assignment.

_____ Pre-approval granted _____ Pre-approval denied _____
 Associate Superintendent for Curriculum Date

SECTION B:

College Name: _____ Location _____

Date Course Begins	Date Completed	Course Number	Course Title and Short Description	Graduate or Undergrad	Number of Semester Hr Credits

Course/training approved for enhanced longevity must meet the following criteria:

1. Proof of satisfactory completion (transcript, certificate, documentation of training) must be furnished and submitted to the Office of Instructional Services for credit to be granted.
2. Approval or disapproval of course/training will be based on Article 5 of the Master Agreement.

REQUEST FOR ENHANCED LONGEVITY

(Proof of completion must be submitted for request to be processed)

Teacher Signature _____ Date _____

Longevity Enhancement Approval _____ Disapproval _____

Comments _____

Date _____ Signed _____

Associate Superintendent for Curriculum