

**REQUEST FOR PRE-APPROVAL OF CONTINUING EDUCATION UNIT(S) FOR
EDUCATIONAL ASSOCIATES**

Instructions:

1. This form must be completed prior to attending the workshop/course. You must have prior approval if you wish to have the credit apply towards a pay increase. (i.e. Principal, Program Director, Director, or Administrator) for signature.
2. Attach information about the workshop, including: description, content, number of credits, who is offering the workshop, etc.
3. Once your supervisor has reviewed and signed off on this request, send the form to Human Resources for final approval. A copy will be returned to you for your records. If you have a question, please contact Human Resources.

Name: _____

Date: _____

Building: _____

Program Assigned to: _____

Title of Course/Workshop	Course Sponsored By	Date(s)	# of CEU's to be Earned	Is the District paying for you to attend the workshop?	Are you being paid your hourly rate or a stipend?
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No
				Yes No	Yes No

Supervisor to complete:

Is this workshop related to the employee's current assignment: Yes _____ No _____ Supervisor

Signature: _____

Date: _____

Human Resources to complete:

Workshop is: Approved _____ Not Approved: _____

Comments: _____

Signature: _____

Date: _____

Human Resources

White: Employee

Yellow: HR/File