

GALT JOINT UNION SCHOOL DISTRICT
CLASSIFIED EMPLOYEE REQUEST FOR COURSE APPROVAL

Employee _____ School _____

Position _____ Date _____

Course Title _____

Course # _____

Class Date(s) _____

Institution _____

Check Appropriate Box(es):

____ College/University Class

____ CEU (Continuing Ed. Unit)

____ Travel Study

____ Correspondence

____ Workshop

Semester Unit ____ Quarter Unit ____ Hours ____

Number of Units/Hours Anticipated _____

Justification: _____

Principal _____ Date _____

Approved ____ Disapproved ____

Assist. Superintendent/Designee _____

Date _____

Approved ____ Disapproved ____

cc: Employee

Principal

Asst. Supt./Designee

Business Office