

PAXTON-BUCKLEY-LODA COMMUNITY UNIT SCHOOL DISTRICT NO. 10

**CONTINUING EDUCATION APPROVAL FORM**

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

I request approval for the following course:

NAME OF COURSE: \_\_\_\_\_

NUMBER OF HOURS: \_\_\_\_\_

COST OF COURSE:                      PER HOUR:                      \$ \_\_\_\_\_

TOTAL COST:                                      \$ \_\_\_\_\_

*(REMINDER: As per Contract, the Board pays \$200.00 per semester hour.)*

APPROVED FOR TUITION REIMBURSEMENT:

\_\_\_\_\_  
Superintendent / Date

APPROVED FOR MOVEMENT ACROSS SALARY SCHEDULE:

\_\_\_\_\_  
Superintendent / Date

*\* For movement across the salary schedule, a syllabus and course outline must be attached for the Superintendent's approval. \**

\_\_\_\_\_  
EMPLOYEE SIGNATURE / DATE

***PLEASE BE SURE TO ATTACH A COPY OF YOUR SYLLABUS AND COURSE OUTLINE.***