I am requesting salary credit approval for the following:

Course/Event:

Institution or Location of Course/Event:

Date(s) of Course/Event:

Unit(s) Requested: \_\_\_\_ Semester or quarter (*circle one*)

Institutional Value:

**\*Documentation supporting your request is required. Please make sure unit value (semester or quarter) is included.**

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Vice President of Instruction: | Approved # of Units |  | Denied |  |
| Signature |  | Date |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Superintendent/President: | Approved |  | Denied |  |
| Signature |  | Date |  |  |