TAFT COLLEGE
West Kern Community College District

Salary Credit Request Form

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: _____

Vice President: Approved # of Units _____ Denied _____

Signature _____ Date _____

Dr. Dena P. Maloney, Superintendent/ President Approved _____ Denied _____

Signature _____ Date _____

Office Use Only:

☐ Administrator Approval
☐ Original to President's Office
☐ President's Approval
☐ Return to Administrative Area
☐ Scan & email HR cc: faculty
☐ Original to HR

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