## WILLOWS UNIFIED SCHOOL DISTRICT WILLOWS, CALIFORNIA

## CERTIFICATED REQUEST FOR CREDIT AND/OR SALARY RECLASSIFICATION

COURSE		UNITS		DATE O	
NUMBER	TITLE	Sem. Qtr.	INSTITUTION	CLASS	
Classes qualify un	der the Contract as follows:		.1 .0		
Present Salary:	Class Step	(use reverse	side, if necessary)		
	ss Step ral: Signature		school year		
Employee Signature:  Signature  Signature					
	Signature		Date		
The District Office	es no responsibility for crede cannot give final approva me as that requested which	al unless verification	n indicates that the w	ork complet	
Submit this comple	eted form to the District Off		Superintendent: ( )	Approved	
Comments:		Signature		Date	
Disposition by Dis	trict Office:	-	Comments:		
CLASS ST	TEP YEAR				
		~:			

Copies: White to District Office/ Pink to Employee