

**WILLOWS UNIFIED SCHOOL DISTRICT
WILLOWS, CALIFORNIA**

CERTIFICATED REQUEST FOR CREDIT AND/OR SALARY RECLASSIFICATION

1. I, _____, submit the following as professional growth which will assist me in the performance of my duties and/or promote my program for an additional degree or credential. It is the responsibility of the employee to be acquainted with and to follow the sections of the WUTA/District Contract which are concerned with credit and reclassification.

2.

COURSE NUMBER	TITLE	UNITS		INSTITUTION	DATE OF CLASS
		Sem.	Qtr.		

3. Classes qualify under the Contract as follows: _____
(use reverse side, if necessary)

4. Present Salary: Class _____ Step _____

5. Check One:

- () Request is for approval of units; no classification change is anticipated.
- () Request is for reclassification. If approved, I will be in:

Class _____ Step _____ for the 20__ 20__ school year.

Principal's Approval: _____
Signature Date

Employee Signature: _____
Signature Date

6. The District assumes no responsibility for credit for course changes and/or alterations in plans for credit. The District Office cannot give final approval unless verification indicates that the work completed is substantially the same as that requested which could possibly postpone credit for reclassification.

7. Submit this completed form to the District Office.

Pre-action by Superintendent: () Approved

Comments: _____
Signature Date

Disposition by District Office: _____
Comments: _____

CLASS _____ STEP _____ YEAR _____
Signature