

BONSALL UNIFIED SCHOOL DISTRICT CERTIFICATED UNIT APPROVAL FORM

NAME: _____

DATE: _____

I hereby request that the following courses be approved for payroll classification purposes. Requests shall be submitted by May 15 of the current year.

Official transcripts are due to the Human Resource Department by October 1 for movement on the salary schedule the following school year.

Signature: _____

| Department / No. | Title | College / University | Semester/Quarter Units | Completion Date |
|------------------|-------|----------------------|---------------------------|-----------------|
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Please attach a course description for the classes you are requesting approval.

Approved: _____

Date: _____

Superintendent or Designee