

**NORTH SHORE CENTRAL SCHOOL DISTRICT
COURSE/IN-SERVICE NOTIFICATION/VERIFICATION FORM**

Name _____ School _____ Current Salary Lane _____

****Workshops, courses, training, etc. listed below can only be taken for in-service credit (not monetary compensation) unless otherwise approved. ****

Courses for which credit will be granted must be subject connected or approved by the Superintendent or his/her designee prior to taking the course(s) so that the credit earned for the course can be applied toward advancement on the salary scale. I understand that if I take a course not clearly connected to my subject area (or work with children) prior to receiving approval, the course may not be approved for salary advancement.

Name of Course (A copy of the course description must be attached. Description MUST contain proof of hours and number of credits awarded)	School or Institution Offering Course	Dates	No. of Hours	No. of Credits	Check One		
					In-Service	Graduate	Graduate Degree

NOTE: IF ANY COURSE(S) CHANGES FROM THOSE LISTED ABOVE, A NEW FORM SHOULD BE COMPLETED

The above course(s) will contribute to my professional development as a teacher for the following reasons (please be specific and use reverse side if necessary):

I understand that to receive credit for salary purposes, an OFFICIAL TRANSCRIPT or OFFICIAL CERTIFICATE OF COMPLETION must be submitted to the Personnel Office. Teachers must notify the Personnel Office by October 1 (for first semester) or February 1 (for second semester) of any school year if he/she will be advancing on the salary schedule. Failure by the teacher to notify appropriate personnel will prevent the teacher from advancing on the salary schedule for that semester.

Signature: _____ **Date:** _____

Your request for course approval (if necessary) is:

_____ Approved on _____ by _____
(date) (Signature of Asst. Supt.)

_____ Not Approved on _____ by _____
(date) (Signature of Asst. Supt.)

cc: PERSONNEL
TEACHER
BUILDING PRINCIPAL

TO BE SIGNED BY FACILITATOR:

The signature below verifies that this person completed all the necessary requirements (including perfect attendance) to receive the credit indicated above for participation in this workshop, training session, or Collegial Circle:

_____ Date _____
Signature of Facilitator