

# TUKWILA SCHOOL DISTRICT NO. 406

Tukwila, Washington

## CLASSIFIED EDUCATIONAL ADVANCEMENT APPLICATION FORM

Pursuant to the Tukwila Classified Employees Association/Tukwila School District 2013-2015 Collective Bargaining Agreement, Section 6.3, Educational Advancement, employees may advance a maximum of one column per year for every ten credit hours (or 100 clock hours) completed in pre-approved courses taken while employed by the District. **Pre-approval is required by the employee's administrative supervisor.** Please attach **official** transcripts documenting the credits to this form and submit the entire packet to the Human Resources no later than October 1<sup>st</sup> of each year.

### **Section 1: Employee Requesting Salary Schedule Placement**

Employee's Name: \_\_\_\_\_ Location: \_\_\_\_\_ Current Assignment: \_\_\_\_\_

### **Section 2: Pre-Approval of Credits**

Credit Provider: Please list the provider of the credit (for example, for college credits – Highline Community College, for clock hours – Puget Sound ESD).

Course Title: Please list the official title of the course which will be listed on the official transcript.

# of Credits: Please indicate the number of credits to be earned (for example, 5 credits from University of Washington, or 15 clock hours from Puget Sound ESD)

Content of Credits Earned: Credits must meet criteria listed in the collective bargaining agreement and be directly related to improving the employee's skill and/or professional abilities as related to at least one of the three criteria listed below. Please indicate which criteria the course meets:

Criteria A: directly related to improving the employee's skill and/or professional abilities as related to the employee's position; or

Criteria B: as related to the District's strategic goals and/or objectives.

Criteria C: as related to professional goals reached in agreement with the employee's supervisor

Date(s) Taken: Indicate the date(s) course was taken. Please include beginning and ending date for courses that are taken over a one day period.

Signature: Employee's administrative supervisor must pre-approve the course by signing and dating the form.

Credit Provider	Course Title	# of Credits	Content of Credits Earned	Date(s) Taken	Signature and approval date of Supervisor
Example: Puget Sound ESD	How to Work with Special Education Students	6 clock hrs	Criteria A	January 9, 2005	

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(additional space to list credits are on the reverse side of this form.)**

Instructions are on Page 1 of this form

Credit Provider	Course Title	# of Credits	Content of Credits Earned	Date(s) Taken	Signature and approval date of Supervisor
Example: Puget Sound ESD	How to Work with Special Education Students	6 clock hrs	Criteria A	January 9, 1999	

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_