Seattle Public Schools

Classification and Compensation, MS 33-385 PO Box 34165 Seattle, WA 98124-1165



COLLEGE AND CLOCK HOUR APPLICATION FORM

The 1995 State Legislature mandated that credits and clock hours earned after September 1, 1995 shall count only if the content of the course meets one or more of the State-defined criteria listed below. To assist us in evaluating these credits, please complete this form before any credits earned after September 1, 1995 can be accepted for District salary placement. It is the responsibility of each individual to ensure that this request with official sealed transcripts or other supporting data (i.e. sealed transcripts or clock hour forms) is received by Human Resources.

Name		Emp ID Current Assignment			
Select at least one criteria for each co	urse listed b	oelow:			
Credits earned by certificated instructic content of the course meets one or more				wards salary p	lacement only if the
 It is consistent with a school-based in accordance with State Law. Reg. It pertains to the individual's currer. It is necessary for obtaining an end. It is specifically required for obtains. It is included in a college or univerassignment as a certificated instruct by the school district and the individed. Addresses research-based assessed disabilities when addressing lear certificated instructional staff. Beginning in the 2011-12 school year the professional development training. 	nt assignment assignment assignment as advance ersity degree etional staff of idual. — ment and intening goal of evear, it pertain	nistrator's signature or expected prescribed by devels of certain program that of the school extructional expensions to the rev	I assignment for the following so y the State Board of Education. It pertains to the individual's cut district where the potential of the strategies for students with discovery 28A.150.210, as applicable ised teacher evaluation system to	chool year. urrent assignment he future assign yslexia, dysgraphe and appropriations.	nt or potential future ment is agreed upon phia, and language priate for individual
Name of Course	Course No.	No. of Credits/ Clock Hours	Credit Provider*	Date or Term Earned	Which criteria is/are applicable?
		_			
*Must be an accredited College/Univ	versity, clock	k hour provi	der approved by the State of V	Vashington.	
Employee Signature	ployee Signature Date		Signature Principal/Supervisor Date Signature ONLY needed if course is criteria #1		

Authorized School District Representative

Will be signed in HR

Date