

SCHOOL DISTRICT OF LADYSMITH
SUPPLEMENTAL EDUCATION INCENTIVE PAY
REQUEST FOR APPROVAL

This form must be submitted to the district administrator prior to the start of the course/program. Failure to receive prior approval will result in no incentive pay increase for the course/program.

Name:

Date of Request:

Name of University/College:

Attach Course Syllabus or link to course info:

Course/Program Anticipated Start Date:

Course/Program Anticipated Completion Date:

Number of Credits attempted:

Signature of teacher: _____ Date Signed:

What is your present PPG?

What is your present SLO?

How does this course/program assist you to attain your PPG or SLO?

How will this course/program further the goals and mission of the School District of Ladysmith?

How will your present and future students benefit from your knowledge from this course/program?

Office use only

Stamp Date of Receipt

Course/Program Approved Denied Reason for denial: _____

Signature of District Administrator: _____

Date: _____

Copy Sent to: Payroll Teacher

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FOLLOWING COMPLETION OF COURSE/PROGRAM

Teacher must submit the following to Payroll in the District Office

- A copy of this signed form
- A copy of the transcript showing course completion and credit earned