

**BURLINGTON SCHOOL DISTRICT
PARAEDUCATORS
Prior Approval for Salary Advancement**

Name: _____ **Date:** _____

School: _____ **Position:** _____

Name of Course/Workshop: _____

Location: _____

Beginning Date: _____ **Ending Date:** _____

Brief Description of course/workshop: _____

Number of Credits: _____ (7.5 hours of contact time = 1 credit)

Please note: Credit will not be approved for courses or workshops that are taken during the regularly scheduled work hours or for which Paraeducators are being compensated to attend. To be applicable, activities must take place outside your normal workday.

Paraeducator _____
Date

Supervisor _____
Date

Principal _____
Date

Forward this form to the Human Resources Department to be included in your personnel file prior to the course/workshop. Please keep a copy of this form for your records.
Upon completion of the activity, forward documentation of completion to Human Resources.