

UNIFIED SCHOOL DISTRICT NO. 422
GREENSBURG

APPLICATION FOR HOURS TO
MOVE ON SALARY SCHEDULE

Name _____ Date _____

College or University
Offering Course: _____

Title of Class _____

Number of Class _____ Credit Hours _____

Expected Date of Completion: _____

Description of Class: _____

Please list reasons why you want to attend:

Superintendent

Date

APPROVED/DISAPPROVED