

HARVEY PUBLIC SCHOOLS DISTRICT NUMBER 152
PROFESSIONAL DEVELOPMENT REQUEST FOR PRE-APPROVAL

PLEASE COMPLETE ONE FORM FOR EACH COURSE FOR WHICH YOU ARE REQUESTING PRE-APPROVAL AND SUBMIT TO THE HUMAN RESOURCE SPECIALIST AT CENTRAL OFFICE.

Name: _____ Date: _____

Home Address: _____

City, State, Zip: _____

School/Building Assigned: _____

Position in the District: _____

How will the course(s) improve your performance in your current position?

Name of University/College where course is being taken from:

Course Title: _____

Beginning Date of Course: _____

Ending Date of Course: _____

Total Number of Semester Hours: _____

****ATTACH A DESCRIPTION OF COURSE TO THIS FORM**

Principal/Supervisor approval: _____ Date: _____
Signature of Principal/Supervisor

Pre-approval granted by: _____ Date: _____
Signature of Superintendent/Designee

Pre-approval not granted by: _____ Date: _____
Signature of Superintendent/Designee

An official transcript must be received from the University/College and a "B" or better is received for the class listed above. It is the employee's responsibility to see that this occurs within the required timelines.

DO NOT WRITE BELOW THIS LINE

Date Transcript Received: _____

Grade Received: _____

Signature of Superintendent/Designee _____ Date: _____