

# O'NEILL PUBLIC SCHOOLS

## APPROVAL REQUEST FOR EDUCATIONAL HOURS

Central Office Use Only

Transcripts Received \_\_\_\_\_

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of College: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_

Date(s) of Course: \_\_\_\_\_ To: \_\_\_\_\_

Credit Hours Available: \_\_\_\_\_ Anticipated Year for Movement on Salary Schedule: \_\_\_\_\_

Is this course directly related you your Masters Program of Study?  Yes  No

Briefly describe the direct connection this course will have on your teaching assignment:

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Superintendent Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

Approved

Denied