

PIONEER UNION SCHOOL DISTRICT  
CERTIFICATED EMPLOYEE REQUEST FOR COURSE APPROVAL

Teacher \_\_\_\_\_ School \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_

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

Check Appropriate Box(es):

Course # \_\_\_\_\_ ☐ College/University Class

Class Date(s) \_\_\_\_\_ ☐ Purchased CEUs (Continuing  
Education Units) (1 hour = 10  
contact hour or .67 semester units)

Institution \_\_\_\_\_ ☐ P.D. (Including unpurchased  
CEU's) (15 hours = 1 semester unit)

Semester Unit ☐ Quarter Unit ☐

Number of Units Anticipated \_\_\_\_\_

What standard for the teaching profession does this address?

---

---

---

-----

Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Approved ☐ Disapproved ☐

If disapproved, why: \_\_\_\_\_

---

---

-----

cc: Teacher  
Superintendent  
Human Resources

Effective: July 1, 2018  
Board Approved: 04/12/2018