Granite Falls School District

Classified Staff Workshop/Training Pre-Approval Form

Name	School				Current Assignment				
	lass pertains	m per class. Fill in the requested s to your assignment. Submit this der.							
Institution/ Agency	Course #	Course Title	Date(s) of Class	Location of Training	# of Eligibility Criteria		ration Fonte belo		
workshop, or train Other Fees/Exper	ning.	e expenses. (food, lodging, milea	C		eack of the for	m, if nec		5,	
Description					Fe	e			
Description					Fe	e			
Choose Method o	ation form) of Payment:	(How does this course meet the o			ttach course o	□ Yes		No	
I would like a d	listrict purch processed a	nase order. Attached is a complet t the district office. Submit a mi enses may need to be submitted	ted a Material l nimum of 15 v	Request Forn working days	before the tra	☐ Yes		No	
I certify this is tru	e and correc	ct to the best of my knowledge.							
Employee Signature			Date						
Supervisor			Date		Approved:	☐ Yes	□ No		
PSE President			Date		Approved:	☐ Yes	□ No		

Eligibility Criteria:

- 1. Is consistent with a school-based plan for improving student learning for the school in which the individual is assigned.
- 2. Pertains to individual's current assignment or expected assignment for the following school year.
- 3. Is necessary for professional growth in field and/or to maintain certification.
- 4. Is specifically required for obtaining advanced levels of certification.

APPENDIX D

Description		Fee
Description		Faa
Description		Fee
Description		Fee
Description		Fee
Description		Faa
Description		Fee
Description		Fee
	Evnança Tatal	
	Expense Total:	