

Gold Trail Union School District
**COURSE AUTHORIZATION
FOR
SALARY SCHEDULE REPLACEMENT (Certificated)
Or
PROFESSIONAL GROWTH INCENTIVE (Classified)**

This form is to be completed and approved PRIOR to course enrollment.



Name: _____

Course Title & Description	College or Organization	Time Frame	# Qtr Units	# Sem Units

Administrative Approval

Date

**Note: Once the course is completed,
please submit verification to the District Office.**

**ANY CLASSES TAKEN FOR SALARY SCHEDULE PLACEMENT CANNOT
BE CLAIMED FOR REMUNERATION.**

Distribution: Original in Personnel File
Copy to Employee