



Equivalent Graduate Credit Work Experience Final Approval

For detailed information regarding Equivalent Graduate Credit for work experience, see Article XI, Professional Compensation H.5 of the Master Agreement. Please submit one copy of this request to the chairperson of the personnel committee.

Name _____

1. Requesting final approval for work performed during the academic year
Sept. 20____ through Aug. 20____.
2. Did you receive advance approval?
___No ___ Yes _____ Date
3. Submit documentation from the employer after each semester of work experience to verify employment.
4. Indicate actual number of hours gained in work experience and if you were teaching during the semester.

<u>Semester</u>	<u>Hours worked</u>	<u>Teaching?</u>
Fall	20	_____
Winter	20	_____
Spring	20	_____
Summer break	20	_____

For committee use only

<u>Semester</u>	<u>Hours</u>	<u>Equiv. Credits</u>	<u>Max</u>	<u>Awarded</u>
Fall	20	_____	_____	_____
Winter	20	_____	_____	_____
Spring	20	_____	_____	_____
Summer break	20	_____	_____	_____

Total awarded for 20____ - 20____ academic year. _____

PRC chair _____
Date _____