

**SAUK PRAIRIE SCHOOLS**  
**SALARY SCHEDULE ADVANCEMENT APPROVAL APPLICATION**  
**Credit Courses**

Name \_\_\_\_\_ Date \_\_\_\_\_

Tuition will be reimbursed for college credit courses upon successful completion of the course. **These courses will be approved in advance by the Superintendent.** Reimbursement will be at the cost of the credit but shall not exceed \$150 per graduate credit and \$115 per undergraduate credit. If the teacher is receiving reimbursement from a third party, i.e., a state or federal grant, the District will not provide duplicate payments. The District will allow a total of twelve (12) credits for reimbursement per year with eight (8) credits during the school year. The twelve (12) credits would be from the day school starts in the fall until the day school starts the following fall. Any credits for reimbursement in the respective year would have to **start** during that time. Only returning teachers will be compensated for credits taken in the summer by the September 30 regular processing date. Tuition will be prorated for part time employees.

Technical College Credit and Graduate/Undergraduate Credits for Reimbursement and Experience on the Salary Schedule - These credits will be allowed with the approval of the Superintendent of Schools. The undergraduate credits would only be considered if they are offered as either undergraduate or graduate credits from the university. The reimbursement for undergraduate and technical courses would be a \$100 per credit.

Employee may audit course and will be reimbursed for the cost upon successful completion of the course. These courses will be approved in advance by the District Administrator. Reimbursement will be at the cost of the credit but shall not exceed \$80.00 per credit. The employee will need to provide appropriate documentation including proof of payment. Credits will not count toward advancement on the salary schedule.

Credit reimbursement will not be paid: • If the district is already paying registration fees, travel or other expenses of the course.  
 • If the course is taken during the school day for which the teacher is being paid a salary. **Tuition will be prorated for part time employees.**

**Completion Instructions for Employee**

Courses must be approved by the Superintendent in advance to taking the course. Complete two copies of this form. Send to the Superintendent's Office. When the course is completed, send a copy of your official grade report and proof of payment to the Superintendent's Office. Any change of program taking place after initial approval of this application should be called to the attention of the Superintendent's Office.

Present Status: Initial _____ Professional _____ Master _____		Years in District _____	
BS+ _____ MS+ _____			
Present Grade or Class Assignment and School: _____			
PI 34 Teacher working towards re-certification: Yes _____ No _____			
It is my intention to attend a class which is being conducted at _____			
		(Name of College/University)	
During: Sem. I ____; Sem. II ____; SS ____.			
Course Number	Name of Course	Number of Graduate Credits	Number of Undergraduate Credits
The date of the class is: Beginning _____; Ending _____			
I have completed _____ credits this school year: Sem. I ____; Sem. II ____; SS ____.			

Approved _____	Not Approved _____
_____ Superintendent's Signature	_____ Date

*(Over for Point Program)*

**SAUK PRAIRIE SCHOOLS**  
**SALARY SCHEDULE ADVANCEMENT APPROVAL APPLICATION**  
**Point Program**

Name \_\_\_\_\_ Date \_\_\_\_\_

Point System

(\* indicates point exception)

- 1 point = 1 credit (2 points = 2 credits, 3 points = 3 credits, etc.)
- 1 point = 20 hours of workshops, trainings or professional development activities beyond those required for the district or PDP completion  
 (2 credits = 40 hours, 3 credits = 60 hours, etc.)
- 1-3 points = School/Community involvement beyond those required for the district (up to 9 points)
- 2 points = PDP goal approval for Initial Educator license
- 2 points = PDP goal approval for Professional Educator license
- 4 points = PDP completion for Initial Educator or Professional Educator license
- 12 points = Requirement completion for Master Educator license or National Board Certification

\*If an employee completes the Initial Educator license but has not earned 6 points to move over a lane, the employee will receive a one-time move down a step.

\*If an employee completes the Professional Educator license but has not earned a Master's Degree to move over a lane, the employee will receive a one-time move down a step.

\*If a PI-34 licensed employee puts credit attainment into his/her goal, he/she will get reimbursed for the credits, but can only use the credits to advance on the salary schedule if the credits are above and beyond the 6 total points he/she will receive for license completion. For example, if a PI-34 licensed employee is working toward his/her Master's Degree within his/her PDP goal, he/she can only use the credits beyond 6 points toward advancement (8 credits= 8 points, but the employee will not be allowed to also claim 6 total points for PDP goal approval and license renewal).

School/Community Involvement and Workshops/Trainings/Professional Development Activities are defined in the Salary Schedule and on the back of the Salary Schedule Point Verification form.

**Completion Instructions for Employee**

Points must be approved by the Superintendent in advance to participating. Complete two copies of this form. Send to the Superintendent's Office. When the activity is completed, send a copy of your completed Salary Schedule Point Verification to the Superintendent's Office. Any change of activity taking place after initial approval of this application should be called to the attention of the Superintendent's Office.

Present Status:	Initial _____ Professional _____ Master _____ BS+ _____ MS+ _____	Years in District _____
Present Grade or Class Assignment and School: _____		
PI 34 Teacher working towards re-certification: Yes _____ No _____		
It is my intention to participate in an activity which is being conducted at _____ (Location)		
During: Sem. I ____; Sem. II ____; SS ____.		
Activity	Number of Points School/Community Involvement	Number of Points Program/Workshop/ Training/Prof Devel
The date of the activity is: Beginning _____; Ending _____		
I have completed _____ points this school year: Sem. I ____; Sem. II ____; SS ____.		

Approved _____	Not Approved _____
_____ Superintendent's Signature	_____ Date