SALARY SCHEDULE ADVANCEMENT REQUEST NOTICE OF INTENT

TO:	JENNI PONG, HUMAN RESOURCES
FROM:	
	(Clearly Print Name of Certificated Employee)
DATE:	
	(Must be received by May 1, 2026)
•	esting these courses be approved towards potential advancement on the salary schedule effective with the start of the school year. I will provide SLOCOE Human Resources with an official (sealed) copy of my transcripts no later than

I am completing the following courses:

October 1, 2026.

	Course Number	Course Title/Description	College/University	Units (Designate Quarter, Semester or Continuing Education units)
1.				
2.				
3.				
4.				
5.				

Complete the coursework section above. Print out this document and discuss your courses with your Supervisor. Your supervisor must approve that above courses support your current position at SLOCOE.

Supervisor's Signature Approving Coursework