

Kankakee School District 111
Department of Human Resources
REQUEST FOR APPROVAL OF ADVANCED TRAINING

Employee Name (Please Print): _____
Last *First* *Middle I* *Last 4 SSN*

School: _____ Position: _____

NOTE: All applicable courses must be graduate level coursework from an accredited college or university, and must be applicable to the subject or curricular area in which the employee is currently engaged or aspires to be engaged.

Degree/Coursework/Certification to be Completed

(Check all that apply)

*Check if
coursework is
online:*

Course Name/Certification Type: _____ Course Number: _____ Credit Hours: _____

Course Name/Certification Type: _____ Course Number: _____ Credit Hours: _____

Course Name/Certification Type: _____ Course Number: _____ Credit Hours: _____

College/University Name: _____ Location: _____

Course Start Date: _____ Estimated Completion Date: _____

Present Degree Held: _____ Completed Hours: _____

Coursework Support Statement

Please provide a brief summary statement supporting how earning a degree/certification as requested will benefit students, the District's strategic direction, your current assignment, and/or your professional development.

Employee Signature *Date*

APPROVALS – For Administrative use only. Do not write below this line.

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TRAINING REQUEST RECOMMENDATION: PRINCIPAL Approved Denied

Signature: Principal *Date*

TRAINING REQUEST RECOMMENDATION: HUMAN RESOURCES Approved Denied

Signature: Assistant Superintendent, Human Resources *Date*