Unit I Educational Salary Adjustment SB-CEUs (Pre-Approval is Required)

NAME:		HIRE DATE:		
In the spaces below, please provide complete informatic education requirement. This page may be duplicated if n			continuing	
I qualify for the following Education Sala	ary Adjustment			
		(List article number above)		
Offering Title	# of SB-CEUs Earned	Sponsoring Agency of SB-CEUs Program	Ending Date of Program (MM/DD/YYYY)	
	0			
	0			
	0			
	0			
	0			
	0			
	0			
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	0			
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	0			
TOTALS	0			
ADVISORY: In accordance with Public Act 96 of the Public to use a college, university or State Board of Education Cobtained, forged, or fraudulent credentials for this purpositions of Unit I Member	Continuing Educa		•	
Signature of Executive Director, Human Resources	Date			