

Request for Salary Advancement
Intent to Enroll/Reimbursement Request

Name _____ Date _____

Current Salary step _____ Requested Salary step _____

Number of hours to be taken _____

Course Title _____

Course description (from college or university) _____

How related to work at BHCC: _____

Staff signature _____ Date _____

Course work will apply/not apply for advancement on the Big Horn Basin
Children's Center salary schedule.

Number of semester hours approved _____,

Amount of Reimbursement \$ _____

Advancement to Step _____.

Will be approved/will not be approved for the _____ school year.

NW BOCES will approve for advancement on Salary Schedule and/or
reimbursement of \$ _____ upon completion of course, submission
of grade sheet, and re-submission of a copy of this form to the
Administrative Director with attached documentation.

Administrative Director _____ Date _____

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