

October 27, 2022

Christina Hodge

VIA EMAIL - mchodge71@gmail.com

Re: FOIA request dated 10/23/2022

Subject: Provide the following records: 1) FOIA 22-38 response; 2)FOIA 22-59 response; 3)current personnel file of Deryl Leubner; 4) the full report from the hearing officer for the name-clearing hearing of Deryl Leubner received by the district in August 2022.

This letter will serve as Oswego Community Unit School District 308's response to your FOIA request received on October 23, 2022 under the Freedom of Information Act (5 ILCS 140/1 et seq.), in which you asked for the above referenced information. Attached is the information you requested. Redactions have been made due to the following exemption(s) under the Illinois Freedom of Information Act as follows:

Section 7(1)(c) - Personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, unless the disclosure is consented to in writing by the individual subjects of the information. (1) 22-38; 2) 22-59 and 3) 22-64)

Section 7(1)(n) of the Illinois Freedom of Information Act, 5 ILCS 140/7(1)(n): Records relating to a public body's adjudication of employee grievances or disciplinary cases. (4) 22-64 Name clearing hearing document)

The decision to withhold the redacted information was made by me consulting with our District legal counsel. You have a right to have the denial of your request reviewed by the Public Access Counselor (PAC) at the Office of the Illinois Attorney General. 5 ILCS 140/9.5(a). You can file your Request for Review with the PAC by writing to:

Public Access Counselor Office of the Attorney General 500 South 2<sup>nd</sup> Street Springfield, IL 62706

If you choose to file a Request for Review with the PAC, you must do so within 60 calendar days of the date of this denial letter. Please note that you must include a copy of your original FOIA request and this denial letter when filing a Request for Review with the PAC. You also have the right to seek judicial review of your denial by filing a lawsuit in the State circuit court. 5 ILCS 140/11.

To promote district transparency and assist others who may have a similar question, this responsive document will be posted online on the district's website. To access it, go to <a href="https://www.sd308.org">www.sd308.org</a> and select Our District > Freedom of Information Act Request > FOIA Request Responses > FOIA Requests Responses - 2022.

Please be advised that to comply with your FOIA request, the district incurred an expense that comprised of the cost of labor and resources used to search for records responsive to your request. Let me know if you have additional questions. Thank you.

John Petzke
John Petzke
Assistant Superintendent of Operations/
Freedom of Information Officer



To: Deryl Leubner, Delta Aquatics Swimming Coach & Program Administrator From: Kenneth Miller, Executive Director of Human Resources, Payroll and Benefits

CC: Dr. John Sparlin, Superintendent

Personnel File

Date: August 19, 2021

**RE:** Investigation Findings With Respect To Delta Aquatics

This memorandum has been sent to communicate the findings and decision regarding an investigation into misconduct with respect to your roles as the Delta Aquatics Program Administrator and Swimming Coach.

## Investigation:

On July 27, 2021, you attended an investigatory meeting at the District Administrative Center regarding allegations that your conduct as the Delta Aquatics Program Administrator and Swimming Coach and as the High School Girls Swimming Coach violated Board policies and District ethics and conduct standards. Also present at this meeting were Elizabeth Palatine—OEA Co-President, Raphael Daniels—IEA/NEA UniServ Director, Valerie Patterson—Executive Director of Student Services, and me. The allegations with respect to your role as the High School Girls Swimming Coach are still under investigation and will be addressed separately.

During the investigatory meeting, you were informed that the District has received a complaint alleging that you acted inappropriately toward swimmers in Lane 8 during a Delta Aquatics girls' swim practice on June 15, 2021. Specifically, it was alleged that you were yelling at the swimmers, telling some or all of the swimmers in that lane that they "will never make it on the high school swim team," that one was a "mental minimalist," and that another was "completely useless and should become a professional lifeguard." When you were questioned about these allegations, you admitted that you were disappointed with how the swimmers in that lane —

-- were performing on June 15, 2021. You admitted that you did say something similar to "they will never make it on the high school swim team." You also admitted that you should have worded that differently, and that you had misspoken. Though you denied the allegations that you referred to a swimmer as a "mental minimalist," and that another was "completely useless and should just become a professional lifeguard," you stated that it's not inappropriate to refer to a swimmer as 'useless' in the context of a joke. A female swimmer present at the June 15 practice who came forward to defend your actions acknowledged that you were ranting at several swimmers on that date. She didn't know what you were specifically yelling about because you rant at the swimmers so frequently that she tunes out your rantings. At least two swimmers in Lane 8 did resign after the practice that occurred on June 15, 2021.



In addition to the June 15, 2021 incident, the investigatory meeting also covered allegations of misconduct with respect to your role as the Program Administrator of Delta Aquatics. When you were asked about the accrediting agency that governs Delta Aquatics, you stated that it was governed by USA Swimming. The Delta Aquatics website of which you are administratively responsible as the Program Administrator states:

### **Delta Aquatics Swim Team Policies**

As a club member of USA-Swimming, and for the physical and emotional safety of our athletes, parents, officials, chaperones, coaches, and other non-athlete members of the Delta Aquatics, we have developed and adhere to policies pertaining to athlete and non-athlete safety and conduct. These policies are listed below.

Anti-Bullying Action Plan
Athlete Electronic Communication
Code of Conduct and Travel Policies
Electronic Communication Policy
Safe Sport Initiative
Parent Conduct / Pool Deck Rules

The website has active links to the last two policies. When I asked you about the remaining policies during the investigatory meeting, you stated that the anti-bullying policy, code of conduct, travel, and electronic communication policies might be on the website. In an email exchange later that evening, you admitted that there are no active links to the first four policies listed as Delta Aquatics Swim Team Policies. When I asked you for hard copies of those policies, you admitted that those documents have not yet been developed.

### Applicable Policies:

The following Board Policies are applicable to the allegations at hand:

- Board Policy 5:120 "Ethics and Conduct" which requires all District 308 employees
  to maintain high standards in their school relationships, to be considerate and
  cooperative, and to maintain professional and appropriate relationships with
  students, parents, staff members, and others.
- Board Policy 5:230 "Maintaining Student Discipline" which requires employees to refrain from disciplinary methods that may be damaging to students such as ridicule, sarcasm, or excessive temper displays.
- Board Policy 7:20 "Harassment of Students Prohibited" which prohibits conduct that includes name-calling, using derogatory slurs, stalking, and causing psychological harm.



### Findings:

- 1. The allegations that you yelled at female swimmers in Lane 8, made statements such as "you will never make it on the high school swimming team," referred to a swimmer as a "mental minimalist" and referred to another swimmer as "completely useless and should just become a professional lifeguard" during the Delta Aquatics Practice on June 15, 2021 are credible. There is no dispute that you made the inappropriate comment "you will never make it on the high school swimming team," to the swimmers, and you acknowledged that you should have worded that differently. Your denial that you never said that a swimmer was a "mental minimalist" or was "completely useless and should just become a professional lifeguard" lacked credibility for the following reasons: No other witness to the events of June 15, 2021 including those who defended your actions disputed that you were either "yelling" or "ranting" at the girls in Lane 8 on the date; you admitted your disappointment with how the swimmers were performing; you admitted that you should have worded other comments differently to them; and you have previously been disciplined for lacking self-control and being verbally abusive to Delta Aquatics swimmers, as described below.
- 2. You were previously disciplined for misconduct in December 2019 after verbally abusing male Delta Aquatic swimmers in November 2019. On that date, you were upset at the swimmers and repeatedly yelled directly at individual swimmers. You justified this action because you erroneously thought that they had each failed to do something that you thought that they should have done. As part of that discipline, you received an unpaid suspension, remedial support in the form of a mandatory anger management referral, and a clear warning that any future instances of similar conduct or violations of ethics and conduct standards would result in disciplinary action—up to and including removal from your roles as the Program Administrator and Swimming Coach for Delta Aquatics.
- 3. Your actions on June 15, 2021 violated Board Policy 5:120 "Ethics and Conduct" on the grounds that they were unprofessional and inappropriate for a coach to use with athletes, violated Board Policy 5:230 "Maintaining Student Discipline" on the grounds that yelling or ranting at the athletes is evidence of an excessive temper display, and violated Board Policy 7:20 "Harassment of Students Prohibited" on the grounds that your actions on that day were harassing and caused psychological harm to students and prompted more than one swimmer to quit.
- 4. Your comments regarding prior interactions with Safe Sport were evasive and not made in good faith. You denied having been previously warned about your behavior by USA Swimming, only to be reminded that the USA Swimming Safe Sport Program Director had previously warned you that USA Swimming didn't condone your use of vulgarity in their program.



- 5. As Program Administrator, it was your obligation to ensure that the appropriate policies exist and are adhered to, and to ensure that the website provides accurate information to parents and students regarding such policies. You failed to ensure that the Delta Aquatics website is updated and contains accurate information for swimmers and their families. The Delta Aquatics website states that multiple policies intended to protect the physical and emotional safety of all constituents affiliated with that organization exist and are adhered to. This statement is false.
- 6. Your comments regarding the Delta Aquatics policies were evasive and not made in good faith. You were aware that these policies had not yet been created when you initially stated during the investigatory meeting that those policies were on the program's website. You recanted via email and admitted that, contrary to what is stated on the website, these policies have not yet been created, only after I asked you for hard copies of those policies.
- 7. Your inaction and evasiveness in your role as Program Administrator violated Board Policy 5:120 on the grounds that you misrepresented the status of the policies applicable to Delta Aquatics, you have allowed the Delta Aquatics website to falsely state that certain policies have been developed and are adhered to for the physical and emotional safety of those affiliated with the program.

Your positions as the Program Administrator and as the Girls' Swimming Coach for Delta Aquatics are at-will positions. Based on the above-listed findings, it is my conclusion that you have ignored the December 2019 warning and have again violated the District's ethics and conduct standards. I am exercising my authority under Board Policy 5:270 "Employment At-Will, Compensation, and Assignment" to terminate your employment as the Delta Aquatics Program Administrator and Swimming Coach, effective immediately. You are directed to immediately turn over all Program Administration information to me including but not limited to financial accounts, registration accounts, usernames and passwords, and contact information for events/meets.

You do have the right to file a written appeal to me by 5:00 P.M. on Monday, August 23, 2021. If you file a timely written appeal, you may have a name-clearing hearing before a hearing officer selected by the District. That hearing would allow you to clear your name and receive the stipends affiliated with the two Delta Aquatics positions through the end of the short course season that ends in February 2022.

I would like N Request a hornal
appeal 8/19/21

# Community Unit School District 308

2022-2023

# OEA Notification of Assignment 2022-2023

Leubner, Deryl S



Employee ID:

Days:

FTE:

Type:

Hire Date:

08/27/1997

**Position Information** 

Position: Teacher - Social Studies

Start Date: 08/15/2022

End Date: 05/26/2023

Amount:

Work Calendar: OEA - Teacher - 181 Days - 24 Pay

\$112,503.00

Position Location: Oswego East High School

181 1.0000

OEA Notification of Assignment 2022-2023

Salary Sch: OEA - 22/23 SY MS + 47, Ph.D. 23

Addenda Information

OEA Longevity Stipend Start Date: 08/15/2022 End Date: 05/26/2023 Days: 181 Amount: \$2,000.00

Salary Schedule: OEA - Longevity Stipend Amount Max + 2 Yr Work Calendar: OEA - Teacher - 181 Days - 24 Pay

Total Amount: \$114,503.00

Note: Per Article XI, Section A.1 (Assignment Notification) of the OEA Professional Agreement, this Notification of Assignment is provided to you twenty (20) days prior to the end of the school year. In the event it is necessary to make a change to your assignment, you will be notified in writing. Extra Duty Pay as per Schedule(s) A, B, and C, and any other additional days or duties are not included in this notification.

# **Community Unit School District 308** 2021-2022

# **OEA Notification of Assignment 2021-2022**

Leubner, Deryl S

Issued By: Community Unit School District 308 on 4/27/2021



Employee ID: 4

Hire Date:

08/27/1997

Position Information

Position:

Teacher - Social Studies

Start Date:

Days:

Type: Salary Sch:

08/16/2021

End Date:

05/27/2022 Amount \$111,753.00

Position Location: Oswego East High School

181

Work Calendar: OEA - Teacher - 181 Days - 24 Pay

FTE:

1.0000

OEA Notification of Assignment 2021/2022 OEA 21/22 SY MS + 47, Ph.D. 23

Total Amount:

\$111,753.00

Note: Per Article XI, Section A.1 (Assignment Notification) of the OEA Professional Agreement, this Notification of Assignment is provided to you twenty (20) days prior to the end of the school year. In the event it is necessary to make a change to your assignment, you will be notified in writing. Extra Duty Pay as per Schedule(s) A. B. and C. and any other additional days or duties are not included in this notification.

**Termination/Resignation Form** 

 Sent By: ehettinger
 Completed By: User - ssauer
 Sent On: 11/19/2019 10:17am CT

 Completed: 11/19/2019 11:36am CT

\* Employee Last Name: Leubner

\* Employee First Name: Deryl

\* Position: Head Boys Swim Coach

\* Location: Oswego East High School

\* Last Day Worked: 11/19/2019

\* Reason for Termination: R - Resigned - Non-Medical

Comments:

\*Deryl still remains as head girls swim coach\*

Eligible for Rehire?

\* Replacing Position? (If yes, please complete the Posting Request Form on AppliTrack):

Yes

Did you collect all District Property, i.e., keys, phone, etc.? (If no, please specify under

Yes

Comments.)

Comments:

Please upload resignation letter/termination paperwork

Deryl Leubner B. Swim.pdf

Supervisor Signature:

X

Signed: Kurt Weigt/EH

Stamped: 11/19/2019 10:18:52 AM; 50.201.194.225; User - ehettinger - ehettinger@sd308.org;

### FOR HR USE ONLY

Human Resources Signature

X

Signed: Sharon Sauer

Stamped: 11/19/2019 11:35:24 AM; 107.1.119.254; User - ssauer - ssauer@sd308.org;

Date of Board Meeting





# Fwd: resignation

1 message

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Kurt Weigt <kweigt@sd308.org>
To: Enes Hettinger <ehettinger@sd308.org>

Tue, Nov 19, 2019 at 8:12 AM

One Team One Family!

Go Wolves!

Kurt F. Weigt, CMAA Director of Athletics Oswego East High School 1525 Harvey Road Oswego, IL 60543 Office: (630) 636-2224 Fax: (630) 636-2458 kweigt@sd308 org



"The Oswego East Athletic Department develops student-athletes who are disciplined, hardworking, respectful, resilient, and dedicated to the E.A.S.T. way; displaying excellence in the classroom, on the playing field, and in the community."

Follow us on Twitter...@OEHS\_GoWolves

Go EAST...Go WOLVES...Go BLUE!!!!!

----- Forwarded message -----

From: Deryl Leubner <dleubner@sd308.org>

Date: Tue, Nov 19, 2019 at 8:00 AM

Subject: Re: resignation

To: Kurt Weigt <kweigt@sd308.org>

Kurt,

Please accept this as my letter of resignation from the Boys Swim Team that starts on November 25th, 2019.

Sincerely,

Deryl Leubner

On Tue, Nov 19, 2019 at 7:46 AM Kurt Weigt <a href="mailto:kweigt@sd308.org">kweigt@sd308.org</a> wrote: Deryl,

Please send your resignation ASAP.

Thank you.



# NOTICE OF UNPAID SUSPENSION FROM DELTA AQUATICS

December 13, 2019

SENT VIA EMAIL (Dleubner@sd308.org)

Deryl Leubner

Dear Mr. Leubner,

This letter has been sent as formal notification that the District has concluded its investigation into your conduct on the morning of Saturday, November 16, 2019 at Oswego East High School during Delta Aquatics swimming practice.

As a result of my investigation, I have determined that the following events occurred:

- On the morning of Saturday, November 16, 2019 at approximately 10:30 A.M. you engaged in a conversation with Cuauhtemoc "Temo" Flores—Swim Coach for Delta Aquatics—while standing on the deck of the pool at Oswego East High School during a Delta Aquatics practice. The conversation was held in regards to your perception of how the members of the District 308 boys swimming team had handled signing a poster to wish good luck at the sectional swimming meet the night before.
- You admitted to the use of inappropriate language during your conversation with "Temo" on the deck of the pool, and that you pointed to at least two swimmers and informed them that the conversation you were having with "Temo" was about them.
- On Monday, November 18, 2019, you self-reported your conduct to Kurt Weigt—Athletic
  Director at Oswego East High School, and resigned as the Head Swimming Coach for the
  District 308 boys swimming team. That afternoon you pulled the boys on the Delta
  Aquatics swimming team into the weight room adjacent to the pool at Oswego East High
  School, offered an explanation and apologized for your actions, and informed them that
  you resigned from the District 308 boys swimming team.

It is my finding that your conduct on November 16, 2019 violated Board Policy 5:120 "Ethics and Conduct" on the grounds that you acted unprofessionally by failing to recuse yourself from addressing a situation and on the grounds that your use of profanity while in the presence of swimmers was inappropriate. Furthermore, I find that your conduct violated Board Policy 5:230 "Maintaining Student Discipline" on the grounds that there were District 308 students present during the practice who witnessed you engage in an excessive display of your temper.



As a result of this finding, the following corrective action will be taken:

 You will serve a one week unpaid suspension from your Delta Aquatics Program Administrator and Swim Coach roles starting Monday, December 16, 2019 through Sunday, December 22, 2019.

Effective immediately upon the resumption of the Boys Delta Aquatics swimming season, you will serve a six week unpaid suspension from the coaching or administration of the Boys Delta Aquatics program. During this time you will have no contact with, nor will you conduct official business on behalf of, the Boys Delta Aquatics program.

As a result of these suspensions, you will see a reduction in your Delta Aquatics Program Administrator and Swim Coach salary equivalent to four weeks of pay. This reduction will be spread over the remaining payroll periods of the 2019-2020 fiscal year.

- You will meet with a District provided professional to undergo mandatory anger management therapy. It is the District's expectation that you will comply fully with the recommendations and course of treatment set forth by the professional.
- Upon your return to coaching and serving as the Program Administrator for the Boys Delta Aquatics program, you will be expected to honor any parent requests for you to recuse yourself from coaching or interacting with their swimmers.

Going forward, you are hereby directed to recuse yourself as a Swim Coach and/or Program Administrator from situations involving to refrain from the use of profanity and inappropriate language while acting in a professional capacity, and to fully-comply with the recommendations and course of treatment set forth by the District-provided anger management professional.

You are hereby notified that any violation of the directives contained in this letter, and any future instances where you engage in conduct similar to what occurred on November 16, 2019, will result in disciplinary action, up to and including your dismissal from the roles of Delta Aquatics Program Administrator and Swim Coach.

It is your responsibility to contact me immediately if you have any questions regarding the contents of this letter or the District's expectations for your conduct going forward.

Sincerely,

Kenneth L. Miller, PHR

Executive Director of Human Resources, Payroll and Benefits

cc: Dr. John Sparlin, Superintendent (via e-mail)

Christi Tyler, Chief Financial Officer (via e-mail)

Personnel File



May 3, 2019

# No tific a tion of Assignment 2019 - 2020

Name: DERYLS LEUBNER Tenured: Yes

Assignment: 1.00 Social Studies Teacher

Building: Oswego East HS.

Salary Schedule Placement\*:

Lane: 06 Step: 22

Contract Days: 181

Other Information:

Note: Per Article XI, Section A.1 (Assignment Notification) of the OEA Professional Agreement, this Notification of Assignment is provided to you twenty (20) days prior to the end of the school year. In the event it is necessary to make a change to your assignment, you will be notified in writing.

Kenneth L. Miller

Executive Director of Human Resources, Payroll and Benefits

\*Annual Salary is percurent CBA and is subject to change pending the outcome of negotiations.



April 27, 2018

# Notification of Assignment 2018 - 2019

Name:

Deryl S. Leubner

Te nure d:

Yes

Assignment: 1.00

Social Studies Teacher

Building:

Oswego East HS.

Salary Schedule Placement:

Lane: 6

Step: 21

Contract Days: 181

Other Information:

Note: Per Article XI, Section A.1 (Assignment Notification) of the OEA Professional Agreement, this Notification of Assignment is provided to you twenty (20) days prior to the end of the school year. In the event it is necessary to make a change to your assignment, you will be notified in writing.

Roxana Sanders

Executive Director of Human Resources



April 28, 2017

# Notification of Assignment 2017 – 2018

Name:

DERYL S. LEUBNER

Tenured:

Yes

Assignment:

1.00

**SOCIAL STUDIES** 

Building:

**OSWEGO EAST HIGH** 

Salary Schedule Placement:

Lane: 6

**Step:** 20

Contract Days: 181

Other Information:

**Note:** Per Article XI, Section I (Teacher Assignment) of the OEA Professional Agreement, this Notification of Assignment is provided to you twenty (20) days prior to the end of the school year. In the event it is necessary to make a change to your assignment, you will be notified in writing.

Roxana Sanders

**Executive Director of Human Resources** 



April 22, 2016

# Notification of Assignment 2016 – 2017

Name: DERYL S. LEUBNER Tenured: Yes

Assignment: 1.00 SOCIAL STUDIES

Building: OSWEGO EAST HIGH

Salary Schedule Placement:

Lane: 05 Step: 17

Contract Days: 181

Other Information:

**Note:** Per Article XI, Section 1 (Teacher Assignment) of the OEA Professional Agreement, this Notification of Assignment is provided to you twenty (20) days prior to the end of the school year. In the event it is necessary to make a change to your assignment, you will be notified in writing.

Roxana Sanders

Director of Human Resources



November 6, 2015

# Revised Notification of Assignment 2015 – 2016

Name:

DERYL S. LEUBNER

Tenured: Yes

Assignment:

1. 0 SOCIAL STUDIES

**Building:** 

**OSWEGO EAST HIGH** 

Salary Schedule Placement:

**Lane**: 05

**Step:** 17 **Salary:** \$80,013.00

Contract Days: 181

Other Information:

**Note:** Per Article XI, Section 1 (Teacher Assignment) of the OEA Professional Agreement, this Notification of Assignment is provided to you twenty (20) days prior to the end of the school year. In the event it is necessary to make a change to your assignment, you will be notified in writing.

Roxana Sanders

Director of Human Resources



May 14, 2015

# Notification of Assignment 2015 – 2016

Name:

DERYL S. LEUBNER

Tenured: Yes

Assignment:

1.0 SOCIAL STUDIES

**Building:** 

OSWEGO EAST HIGH SCHOOL

Lane: 05

First Semester Step:

16

First Semester Salary:

\$ 39,047.50

Mid-year Step:

17

Mid-year Salary:

\$ 39,577.00

**Contract Days:** 

181

Lane, Step, Salary and Contract Days are pending contract negotiations.

**Note:** Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

Roxana Sanders

Director of Human Resources



# Educational Excellence. Caring Community.

June 18, 2014

# NOTIFICATION OF ASSIGNMENT TENURED STAFF 2014-2015

Administration Center 4175 Route 71 Oswego, IL 60543

Dr. John W. Sparlin Assistant Superintendent of Administrative Services Phone 630.636.3080 Fax 630.636.3688

Name: DERYL S. LEUBNER

Building Assignment: OSWEGO EAST HIGH SCHOOL

Grade/Subject Area: SOCIAL STUDIES

Salary Schedule Placement:

1st Semester - Lane: 05 Mid-Step: 15 Salary: \$ 37,957.00

2<sup>nd</sup> Semester - Lane: 05 Step: 16 Salary: \$ 38,518.00

Contract Days: 181 Percent Time: 100%

Other information:

**Note:** Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

Dr. John W. Sparlin

Assistant Superintendent for Administrative Services

John W. Sparlin



John W. Sparlin Executive Director of Administrative Services Phone 630.636.3080 Fax 630.636.3688

May 2, 2014

# NOTIFICATION OF ASSIGNMENT **TENURED STAFF** 2014-2015

Name:

**DERYL S. LEUBNER** 

**Building Assignment:** 

OSWEGO EAST HIGH SCHOOL

Grade/Subject Area:

**SOCIAL STUDIES** 

Salary Schedule Placement:

1st Semester -

Lane: 05

Mid-Step:

15

2<sup>nd</sup> Semester - Lane: 05

Step: 16

**Contract Days:** 

181

Percent Time: 100%

Other information:

Note: Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

John W. Sparlin

**Executive Director for Administrative Services** 



John W. Sparlin Executive Director of Administrative Services Phone 630.636.3080 Fax 630.636.3688

May 1, 2013

# NOTIFICATION OF ASSIGNMENT **TENURED STAFF** 2013-2014

NAME:

**DERYL LEUBNER** 

BUILDING ASSIGNMENT: OSWEGO EAST HIGH

**GRADE/SUBJECT AREA:** 

**SOCIAL STUDIES** 

SALARY SCHEDULE PLACEMENT:

1st Semester (9/13/13 -2/28/14 payroli) - Lane: 05 Mid-Step: 14 Salary: \$ 36,851.25

2<sup>nd</sup> Semester (3/14/14-8/28/14 payroll) - Lane: 05

Step: 15 Salary: \$37,396.00

Contract Days:

181

Percent Time: 100%

Other information:

Note: Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

John W. Sparlin

**Executive Director for Administrative Services** 



February 11, 2013

# NOTIFICATION OF ASSIGNMENT TENURE STAFF 2012-2013

Administration Center 4175 Route 71 Oswego, IL 60543

John W. Sparlin Executive Director of Administrative Services Phone 630.636.3080 Fax 630.636.3688 NAME: DERYL LEUBNER

**BUILDING ASSIGNMENT: OSWEGO EAST HIGH** 

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

Lane: 5 Step: 14 Salary: \$72,613.00

Contract Days: 181 Percent Time: 100

Other information:

Note: Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

John W. Sparlin

Executive Director for Administrative Services



# Educational Excellence. Caring Community.

Administration Center 4175 Route 71 Oswego, IL 60543

April 30, 2012

Todd M. Colvin Associate Superintendent for Administrative Services Phone 630.636.3080 Fax: 630.636.3688

# NOTIFICATION OF ASSIGNMENT 2012-2013

NAME:

DERYL LEUBNER

**BUILDING ASSIGNMENT: OSWEGO EAST HIGH** 

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

Lane:

TBD

Step: 3

TBD

Salary:

TBD

**Contract Days:** 

181

**Percent Time:** 

100%

Other information:

**Note:** Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

**Todd Colvin** 

Jodd M. Colvin

# Educational Excellence, Caring Community,

Administration Center 4175 Route 71 Oswego, IL 60543

Todd M. Colvin Associate Superintendent for Administrative Services Phone 630.636,3080 Fax: 630.636,3688 November 18, 2011

# NOTIFICATION OF ASSIGNMENT 2011-2012

NAME:

DERYL LEUBNER

BUILDING ASSIGNMENT: OSWEGO EAST HIGH

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

Lane:

Step: 14

Salary: \$ 68,486.00

Contract Days:

181

Percent Time: 100%

Other information:

Note: This statement is a revision of the notification of assignment you received in May 2011. It verifies your salary, step and lane for the 2011-12 school year. Schedule A,B & C assignments are not reflected on this statement. In addition, a leave of absence may adjust the days worked and the earnings of this statement.

Todd Colvin

Jodd M. Colvin



# Educational Excellence, Caring Community,

Administration Center 4175 Route 71 Oswego, IL 60543

May 9, 2011

Todd M. Colvin Associate Superintendent for Administrative Services Phone 630.636.3080 Fax: 630.636.3688

# NOTIFICATION OF ASSIGNMENT 2011-2012

NAME: DERYL LEUBNER

BUILDING ASSIGNMENT: OSWEGO EAST HIGH

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

Lane: TBD Step: TBD Salary: TBD

Contract Days: 181 Percent Time: 100

Other information:

**Note:** Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

Todd Colvin

Jodel M. Colvin



Phone 630.636.3080 Fax: 630.554.2168 www.oswego308.org

Todd Colvin Associate Superintendent for Administrative Services May 5, 2010

# NOTIFICATION OF ASSIGNMENT 2010-2011

NAME: DERYL LEUBNER

BUILDING ASSIGNMENT: OSWEGO EAST HIGH

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

\*151 Semester (9/15/10-2/28/11 payroll) Lane: 3 Step: 12 Salary: \$ 30,474.74

2<sup>nd</sup> Semester(3/15/11-8/30/11 payroll) Lane: 3 Step: 12 Salary: \$30,474.74

Contract Days: 180 Percent Time: 100 %

Additional Information: \*1st semester includes the furlough day deduction

**Note:** Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

Jodd M. Coloin

**Todd Colvin** 



Phone 630.636,3080 Fax: 630.636.3669 www.oswego308.org

**Todd Colvin Associate Superintendent** for Administrative Services

November 9, 2009

# NOTIFICATION OF ASSIGNMENT 2009-2010

NAME:

DERYL LEUBNER

BUILDING ASSIGNMENT: OSWEGO EAST HIGH

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

Lane: 03

Contract Days:

Step: 12

Percent Time: 100.00%

TRS Creditable Earnings:

\$60,251.00

Other Information:

Note: Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

Jodd M. Colvin

**Todd Colvin** 

Associate Superintendent for Administration

LEUBNER, DERYL

OSWEGO EAST HIGH SCHOOL



Phone 630.636.3080 Fax: 630.554.6242 www.oswego308.org

**Todd Colvin** Assistant Superintendent for Administration

May 5, 2009

# NOTIFICATION OF ASSIGNMENT 2009-2010

NAME:

DERYL LEUBNER

BUILDING ASSIGNMENT: OSWEGO EAST HIGH

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

\*Lane: 03

**Contract Days:** 

181

\*Step: 11

Percent Time:

100.00%

\*TRS Creditable Earnings:

\*Due to union negotiations, salary, lane and step have yet to be determined.

Other Information:

Note: Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

Jodd M. Colvin

Todd Colvin



Phone 630.636.3080 Fax: 630.554.6242 www.oswego308.org

Todd Colvin Assistant Superintendent for Administration May 5, 2008

# NOTIFICATION OF ASSIGNMENT 2008-2009

NAME:

LEUBNER, DERYL

BUILDING ASSIGNMENT: OSWEGO EAST HIGH

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

Lane:

03

Contract Days:

181.00

Step:

11

Percent Time:

100%

TRS Creditable Earnings:

\$59,508.00

odd M. Colvin

Other Information:

**Note:** Per the union contract, this statement is to inform teachers what their building assignment will be and what grade/subject they will teach. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

**Todd Colvin** 

Assistant Superintendent for Administration

LEUBNER, DERYL

OSWEGO EAST HIGH SCHOOL

# High Academic Expectations within a Caring School Climate



Administration Center 4175 Route 71 Oswego, IL 60543

Phone 630.636.3080 Fax: 630.554.6242 www.oswego308.org

Todd Colvin Assistant Superintendent for Administration

NOTIFICATION OF ASSIGNMENT

September 28, 2007

2007-2008

NAME:

LEUBNER, DERYL

**BUILDING ASSIGNMENT: OSWEGO EAST HIGH** 

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

Lane: 03

Contract Days:

181

Step: 11

Percent Time:

100%

TRS Creditable Earnings: \$56,945

Other Information:

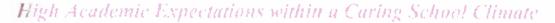
THIS NOTIFICATION DOES NOT INCLUDE EXTRA-CURRICULAR **ACTIVITIES** 

Note: Changes in above listed programs may be made if necessary and the teacher involved in such changes will be notified as soon as possible.

**Todd Colvin** 

LEUBNER, DERYL

OSWEGO EAST HIGH SCHOOL





Phone 630.636.3080 Fax: 630.554.6242 www.oswego308.org

Todd Colvin Assistant Superintendent for Administration NOTIFICATION OF ASSIGNMENT TENURE STAFF 2007-2008

NAME:

DERYL LEUBNER

**BUILDING ASSIGNMENT:** 

OSWEGO EAST HIGH

April 27, 2007

**GRADE/SUBJECT AREA:** 

SOCIAL STUDIES

PERCENT TIME:

100 %

**CONTRACT DAYS:** 

181

SALARY:

**TBD** 

**EXTRA-CURRICULAR ASSIGNMENTS:** 

Head Boys Swim Head Girls Swim

OTHER INFORMATION:

Note: At the completion of negotiations, another Notification of Assignment will be issued to you. Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

Jodd M. Colvin

**Todd Colvin** 



April 20, 2006

#### NOTIFICATION OF ASSIGNMENT

2006-2007

NAME:

Administration Center

Phone 630 636,3080 Fax: 630,554,6242 www.oswego308 org

4175 Route 71 Oswego, IL 60543

Todd Colvin Assistant Supermtendent

for Administration

DERYL LEUBNER

**BUILDING ASSIGNMENT: OSWEGO EAST HIGH SCHOOL** 

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

Lane 03

**TRS Salary** 

\$54,374.00

Step 11

Longevity

#34,374.00

Contract Days 181

Percent Time 100.00%

Total TRS Creditable \$54,374.00

**EXTRA-CURRICULAR ASSIGNMENTS:** 

OEHS Head Boys Swim

(9,10+)

\$6,060.00

OEHS Head Girls Swim

(9,10+)

\$6,060.00

#### OTHER INFORMATION:

Note: Changes in above listed programs may be made if necessary, and teacher involved in such changes will be notified as soon as possible.

Todd Colvin

Assistant Superintendent for Administration

Name: DERYL LEUBNER

Building: OSWEGO EAST HIGH SCHOOL



Phone 630,636,3080 Fax: 630,554,6242 www.oswego308.org

Todd Colvin Assistant Superintendent For Administration September 30, 2005

# TENURE TEACHER NOTIFICATION OF ASSIGNMENT 2005-2006

NAME: DERYL LEUBNER

HOME SCHOOL: OSWEGO EAST HIGH SCHOOL

GRADE/SUBJECT AREA: SOCIAL STUDIES

SALARY SCHEDULE PLACEMENT:

Lane 3 Contract Days 181
Step 11 Per Cent Time 100.00%

TRS Creditable Earnings \$52,919.00

THIS NOTIFICATION DOES NOT INCLUDE SCHEDULE A ASSIGNMENTS.

Note: Changes in above listed programs may be made if necessary and the teacher involved in such changes will be notified as soon as possible.

**Todd Colvin** 

**DERYL LEUBNER** 

OSWEGO EAST HIGH SCHOOL



Phone 630.636.3080 Fax: 630.554.6242 www.oswego308.org

Kerry J. Foderaro, Ed. D. Assistant Superintendent for Administration May 6, 2005

# NOTIFICATION OF ASSIGNMENT 2005-2006

NAME: DERYL LEUBNER

BUILDING ASSIGNMENT: OSWEGO EAST HIGH SCHOOL

GRADE/SUBJECT AREA: SOCIAL STUDIES

CONTRACT DAYS: 181 PER CENT TIME: 100%

# **EXTRA-CURRICULAR ASSIGNMENTS**

Head Boys' Swim Coach Head Girls' Swim Coach

### OTHER INFORMATION

Note: Changes in above listed programs may be made if necessary and the teacher involved in such changes will be notified as soon as possible. Salary will be determined pending settlement of teacher negotiations.

Kerry J. Foderaro Assistant Superintendent for Admin.

**DERYL LEUBNER** 

OSWEGO EAST HIGH SCHOOL



# Oswego Community Unit District 308

May 3, 2004

#### NOTIFICATION OF ASSIGNMENT

2004 - 2005

NAME:

**Deryl Leubner** 

**BUILDING ASSIGNMENT:** 

Oswego East High School

GRADE/SUBJECT AREA:

Per Cent Time

Social Studies

SALARY SCHEDULE PLACEMENT:

Lane

TRS Salary

\$51,264.83

Step

12

Longevity

Contract Days 181

100%

Total TRS Creditable

\$51,264.83

## **EXTRA-CURRICULAR ASSIGNMENTS:**

Varsity Boys' Swim Coach

(9,10) \$5,713.77

Varsity Girls' Swim Coach

(9,10) \$5,713.77

### OTHER INFORMATION:

Note: Changes in above listed programs may be made if necessary, and teacher involved in such changes will be notified as soon as possible.

Kerry J Foderaro

Assistant Superintendent

for Administration



# Oswego Community Unit District 308

May 12, 2003

## NOTIFICATION OF ASSIGNMENT

2003 - 2004

NAME:

**Deryl Leubner** 

**BUILDING ASSIGNMENT:** 

Oswego High School

GRADE/SUBJECT AREA:

Social Studies

SALARY SCHEDULE PLACEMENT:

Lane

3

Base Salary

\$43,590.00

Step **Contract Days**  11

Longevity

\$43,590.00

Per Cent Time

181 100% **Total Salary** TRS Creditable

\$47,901.09

EXTRA-CURRICULAR ASSIGNMENTS:

Head Boys' Swim Coach (9-10)

Head Girls' Swim Coach (9-10)

Base: \$5,048.00 \$5,048.00

TRS: \$5,547.38

\$5,547.38

OTHER INFORMATION:

Note: Changes in above listed programs may be made if necessary, and teacher involved in such changes will be notified as soon as possible.

Kerry J. Foderaro

Assistant Superintendent

for Administration

1/7/2003

### 2002-2003 SALARY INFORMATION

|                   |     |                 | LANE | STEP | CONTRACT<br>(TRS Amount) |
|-------------------|-----|-----------------|------|------|--------------------------|
| LEUBNER, DERYL S. | OHS | Social Studies  |      |      | ,                        |
|                   |     | BASE SALARY     | 3    | 10   | \$43,624,17              |
|                   |     | HEAD BOYS SWIM  | 9    | 10   | \$5,385.77               |
|                   |     | HEAD GIRLS SWIM | 9    | 10   | \$5,385.77               |
|                   |     |                 |      |      | \$54,395.71              |
|                   |     |                 |      |      | *                        |





Dr. Kerry J. Foderaro Assistant Superintendent for Administration

| SUBJECT: REQUEST FOR NAME/ADDRESS/PHONE and/or INSURANCE CHANGE.   |
|--|
| Please print legibly.  |
| YOU ARE REQUESTING THE FOLLOWING CHANGES EFFECTIVE   |
| (Marriage date or divorce date)  |
| YOUR NAME (as currently on our records): Dery Leubner  |
| NAME SHOULD BE CHANGED TO:   |
| (For any name change you are required to obtain a new Social Security card and <u>provide this office</u> with a copy of it BEFORE we will change your name on our records to avoid any problems with Internal Revenue or your pension.) |
| NEW ADDRESS:   |
|  |
| NEW PHONE NUMBER   |
| INSURANCE COVERAGE: (YOU NEED TO COMPLETE A NEW INSURANCE CARD FOR ANY CHANGE IN COVERAGE AND/OR BENEFICIARY CHANGE) ANY CHANGE MUST   |
| BE MADE WITHIN 30 DAYS OF MARRIAGE OR DIVORCE DATE. If change is due to a birth of a child or adoption, child must be added with shills date of him.   |

Ι be added with child's date of birth (and social security card number if available) within 30 days of birth or adoption.

Additionally, employee should complete name change, or address change form (and if desired a beneficiary change) form for either TRS or IMRF (even if you are only changing an address).

If you choose to change your State or Federal W4 from single to married or vice-versa please complete the new form.

KJF:bd

Received in District Personnel/Payroll Office for file:

W SD'

Administration Center • 4175 Route 71 • Oswego, IL 60543 • Phone (630) 554-3447 • Fax (630) 554-2168 Internet Address http://www.oswego.kendall.k12.il.us



May 1, 2002

### NOTIFICATION OF ASSIGNMENT

2002 - 2003

NAME:

**Deryl Leubner** 

**BUILDING ASSIGNMENT:** 

Oswego High School

**GRADE/SUBJECT AREA:** 

**Social Studies** 

Extra-Curricular Assignments:

Head Boys' Swim Coach Head Girls' Swim Coach

Other Information:

Note: Changes in above assignments may be made if necessary, and the teacher involved in such changes will be notified as soon as possible.

Kerry/J/Foderaro

Assistant Superintendent

for Administration



September 7, 2001

### NOTIFICATION OF ASSIGNMENT REVISED 2001 – 2002

NAME:

Deryl Leubner

**BUILDING ASSIGNMENT:** 

Oswego High School

GRADE/SUBJECT AREA:

**Social Studies** 

SCHEDULE PLACEMENT:

Lane 2

Step 9

**BASE SALARY:** 

\$34,079.00

(Excluding Extra-Curricular Assignments)

### Extra-Curricular Assignments:

Head Boys' Swim Coach

\$ 4,233.00

Head Girls' Swim Coach

\$ 4,233.00

### Other Information:

Note: Changes in above listed programs may be made if necessary, and teacher involved in such changes will be notified as soon as possible.

erry J. Voderaro

Assistant Superintendent

for Administration

Administration Center • 4175 Route 71 • Oswego, IL 60543 • Phone (630) 554-3447 
• Fax (630) 554-2168 
internet Address http://www.oswego.kendall.k12.il.us



May 1, 2001

### NOTIFICATION OF ASSIGNMENT

2001 - 2002

NAME: Deryl Leubner

BUILDING ASSIGNMENT: Oswego High School

GRADE/SUBJECT AREA: Social Studies

SCHEDULE PLACEMENT: Lane 1 Step 9

BASE SALARY: \$32,002.00

(Excluding Extra-Curricular Assignments)

**Extra-Curricular Assignments:** 

Head Boys' Swim Coach \$4,233.00 Head Girls' Swim Coach \$4,233.00

Other Information:

Note: Changes in above listed programs may be made if necessary, and teacher involved in such changes will be notified as soon as possible.

Gordon D. Postlewaite Assistant Superintendent for Administration

Administration Center • 4175 Route 71 • Oswego, IL 60543 • Phone (630) 554-3447
• Fax (630) 554-2168
Internet Address http://www.oswego.kendall.k12.il.us



May 9, 2000

### NOTIFICATION OF ASSIGNMENT

2000 - 2001

NAME:

**Deryl Leubner** 

BUILDING ASSIGNMENT:

Oswego High School

**GRADE/SUBJECT AREA:** 

**Social Studies** 

BASE SALARY:

\$30,785.00

(Excluding Extra-Curricular Assignments)

Extra-Curricular Assignments: Head Boys Swim Coach

Head Girls Swim Coach

### Other Information:

Note:

Changes in above listed programs may be made if necessary, and

teacher involved in such changes will be notified as soon as

possible.

Goldon D. Postlewaite

Assistant Superintendent

for Administration



May 7, 1999

### NOTIFICATION OF ASSIGNMENT

1999 - 2000

NAME:

Deryl Leubner

BUILDING ASSIGNMENT:

Oswego Senior High School

GRADE/SUBJECT AREA:

Social Studies

Extra-Curricular Assignments:

Head Boys' Swim Coach Head Girls' Swim Coach

Other Information:

X Full Time Part Time

NOTE:

Changes in above listed programs may be made if necessary, and teacher involved in such changes will be notified as soon as

possible.

don D. Postlewaite Assistant Superintendent for Administration

### TEACHER'S CONTRACT

It is Hereby Agreed by and between the Board of Education of School District No. 308; Counties of Kendall, Kane and Will; State of Illinois; and **Deryl Leubner** a legally qualified teacher, that the said teacher shall teach in said school district for the school year 1998 - 1999. Compensation will be paid for the following services rendered:

| \$<br>25,840.00 | Base salary (For teaching assignment) |
|-----------------|---------------------------------------|
| \$<br>5,220.00  | Extra Curricular (As indicated below) |
| \$<br>          | Other (As indicated below)            |
| \$<br>31,060.00 | Total                                 |

It is Further Agreed that this total amount is payable in 24 equal installments at the end of each pay period as scheduled by the Board (15th and 30th of each month).

It is Further Agreed that said Board will pay in full the 8 percent retirement contribution to the Illinois State Teachers' Retirement System in addition to the salary schedule amount as well as the 1/2 of 1 percent TRS health insurance contribution.

It is Further Agreed that this contract is subject to the School Laws of Illinois and the reasonable and lawful regulations of said Board.

It is Further Agreed that, if negotiations are in progress when this contract is approved, adjustments, if necessary, can be made when said negotiations are concluded and a new Professional Negotiation Agreement becomes effective.

Pursuant to an aye and nay vote taken and recorded at a lawful meeting of the said Board of Education held at Oswego, Illinois, on the 18th day of May, 1998, and by order of said Board of Education this contract is executed in duplicate this 18th day of May, 1998.

President

Teacher

Teacher

Secretary

BUILDING ASSIGNMENT(S)

STEP ON SALARY SCHEDULE

TEACHING ASSIGNMENT(S)

EXTRA CURRICULAR ASSIGNMENT(S)

EXTRA CURRICULAR ASSIGNMENT(S)

Head Varsity Swim Coach (7-3) \$2610.

Head Varsity Swim Coach (7-3) \$2610.

OTHER:

### TEACHER'S CONTRACT

It is Hereby Agreed by and between the Board of Education of School District No. 308; Counties of Kendall, Kane and Will; State of Illinois; and Deryl Leubner a legally qualified teacher, that the said teacher shall teach in said school district for the school year 1997 - 1998. Compensation will be paid for the following services rendered:

| \$<br>\$ | 24.911.00<br>4,684.00 | Base salary (For teaching assignment) Extra Curricular (As indicated below) |
|----------|-----------------------|---|
| \$<br>\$ | 29,595.00             | Other (As indicated below) Total  |

It is Further Agreed that this total amount is payable in 24 equal installments at the end of each pay period as scheduled by the Board (15th and 30th of each month).

It is Further Agreed that said Board will pay in full the 8 percent retirement contribution to the Illinois State Teachers' Retirement System in addition to the salary schedule amount as well as the 1/2 of 1 percent TRS health insurance contribution.

It is Further Agreed that this contract is subject to the School Laws of Illinois and the reasonable and lawful regulations of said Board.

It is Further Agreed that, if negotiations are in progress when this contract is approved, adjustments, if necessary, can be made when said negotiations are concluded and a new Professional Negotiation Agreement becomes effective.

Pursuant to an aye and nay vote taken and recorded at a lawful meeting of the said Board of Education held at Oswego, Illinois, on the 23rd day of June, 1997, and by order of said Board of Education this contract is executed in duplicate this 23rd day of June, 1997.

Said Board of Education this contract is executed in duplicate this 23rd day of June, 1

President

Teacher

BUILDING ASSIGNMENT(S)

STEP ON SALARY SCHEDULE

BS Lane 1, Step 5

TEACHING ASSIGNMENT(S)

Social Studies

EXTRA CURRICULAR ASSIGNMENT(S)

Head Varsity Swim Coach-(7-2) \$2342.00 men
Head Varsity Swim Coach-(7-2) \$2342.00 women

OTHER:

contrarch doc

### OSWEGO COMMUNITY HIGH SCHOOL DEPARTMENT OF ATHLETICS

60543-0729 (708) 554-0483 Route 71, Oswego, IL

CRAIG WATSON

ATHLETIC DIRECTOR

DAVID MYERS ASSISTANT ATHLETIC DIRECTOR

> DARYL THOMPSON PRINCIPAL

June 19, 1996

Mr. Gordon Postlewaite Oswego School District #308 Rt. 71 Oswego, IL 60543

Dear Mr. Postlewaite,

Upon calling Tavares High School in Florida and speaking with Sue Mullen, the assistant principal, I am pleased to say that Deryl Leubner has accepted the girls' varsity swimming position. Ms. Mullen raved about Deryl's classroom performance which further convinced me that he was the right person for the job. I have encouraged Deryl to get the necessary paperwork into you so that he can be a substitute in our district. I would very much like him to be our boys' coach as well, but he wants to see how much substituting is available first.

| Step | Year | Salary |
|------|------|--------|
| 7    | 1    | 2320   |

Sincerely,

Craig Watson

11.5 perfect out to be to our court or our

and read and person out



Administration Center 4175 Route 71 Oswego, IL 60543

Phone 630.636.3080 Fax: 630.554.2168 www.oswego308.org

### High Academic Expectations within a Caring School Climate

### **Training Acknowledgement**

Return to Oswego Community Unit School District 308 Human Resources Department

I acknowledge that I have watched the Sexual Harassment video and received a copy of Oswego Community Unit School District 308 Sexual Harassment (Policy Number 5:20) and Harassment (Policy Number 5:25) policies. I understand and agree that I am responsible for reading, understanding, and complying with the Sexual Harassment and Harassment policies. I understand that Sexual Harassment and Harassment is prohibited in Oswego Community Unit School District 308 and such conduct will result in disciplinary action as outlined in the Board policies.

Signature

Printed Name

Date

33

Masty.



# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

406 EAST MONROE SPRINGFIELD, ILLINOIS 62701-1498

### ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

|   | rstand that when I am employed as a   |
|---|---|
|   | 11 become a mandated reporter under   |
| (Type of Employment) the Abused and Neglected Child Reporting ch. 23, pars. 2051 et seq.) This means cause a report to be made to the child a whenever I have reasonable cause to beli professional or official capacity may be that there is no charge when calling the operates 24-hours per day, 7 days per we   | that I am required to report or abuse Hotline number (1-800-25A-BUSE) ieve that a child known to me in my a abused or neglected. I understand a Hotline number and that the Hotline |
| I further understand that the privileged and my patient or client is not grounds abuse or neglect. I know that if I will abuse or neglect I may be found guilty on the apply to physicians who will be referenced by the property of the privilege of | for failure to report suspected child lfully fail to report suspected child of a Class A misdemeanor. This does   |
| I also understand that if I am subject to Nursing Act, the Medical Practice Act, to Social Workers Registration Act, the Deror "AN ACT to regulate the practice of I suspension or revocation if I willfully or neglect.  | the Psychologist Registration Act, the otal Practices Act, the School Code, Podiatry," I may be subject to license  |
| I affirm that I have read this statement of the reporting requirements which application of the reporting Act.  | t and have knowledge and understanding<br>ly to me under the Abused and Neglected   |
|   | Signature of Applicant/Employee   |
|   | 6-30-96   |

Oswego Community Unit School District 308 CANDIDATE RECOMMENDATION Delta Aqua POSITION: New position Replacement (for who) - Ja mie Leave Cover - If so, for who? Temporary RECOMMENDED CANDIDATE: Is recommended candidate a current District 308 employee? TRUCKE Current position: Yes, Application and all supporting documents have been submitted to DAC. (If not, principal must contact candidate to complete) FULL-TIME ONE BUILDING ONLY?: If yes, building name:\_\_\_\_ No PART-TIME ONE BUILDING ONLY?: Yes No PERCENT EMPLOYED: IF MULTIPLE BUILDINGS - PERCENT TIME IN EACH BUILDING: Percent **Building Location** Percent **Building Location** INTERNAL APPLICANTS (All must be interviewed - use backside of this sheet if necessary) Name School Interviewed by: EXTERNAL APPLICANTS INTERVIEWED (Use backside of this sheet if necessary) Name School Interviewed by: EMPLOYMENT CHECKED ON RECOMMENDED CANDIDATE Length of time employed at all previous schools needs to be verified by you with HR and application/resume must match. The area below is for verifying employment on the candidate with the HR department of their prior educational employer(s) (not personal). Name School Dates of employment Verified by: Signature of person making the employment recommendation:

\*\*Maintenance/Custodial Only: After the Building level has completed this form, please forward the completed form and reference checks to the Director of Building and Grounds at the Maintenance Department.

To be completed by Director of Building and Grounds:

Recommended start date (pending completion of required paperwork):

Recommended Step placement:

Director of Building and Grounds

4/17/2008 candidate rec revised

Needo - P- Card Prove - Jeny Krank

# CANDIDATE RECOMMENDATION

| Name                            | PLICANTS (all must b | School                                 | Interviewed by:    |
|---------------------------------|----------------------|--|--------------------|
|                                 |                      | <u> </u>                               | Ed Howerton        |
|                                 |                      |  | Ed Howevton        |
|                                 |                      | ************************************** | Ed Howerton        |
| XTERNAL APPI                    | LICANTS INTERVIEWE   | Chool                                  | Interviewed by:    |
|                                 |                      |  |                    |
|                                 |                      |  |                    |
|                                 |                      |  |                    |
|                                 |                      |  |                    |
| ECOMMENDED                      | CANDIDATE: De        | eryl Leub                              | ner (1.0) OHS Soci |
|                                 | CANDIDATE: De        |  | ner (1.0) ous sou  |
| FERENCES CHI                    |                      |  | ner (1.0) ous Sour |
| EFERENCES CHI                   | ECKED ON RECOMMENI   | DED CANDIDATE                          |                    |
| ECOMMENDED  EFERENCES CHI  ame: | ECKED ON RECOMMENI   | DED CANDIDATE                          |                    |

Deryl Leubner

Kerry Foderaro 4275 Route 71 Oswego, IL 60543

October 12, 2003

Dear Dr. Foderaro:

I am writing to express my interest in transferring my teaching and coaching positions to Oswego East High School for the 2004-05 school year. I am currently a tenured teacher in Oswego District #308 in the Social Studies Department, and I am also the Head Swim Coach for both the girls' and boys' teams. As my resume indicates, I have experience in teaching at multiple grade levels, and I am well-versed in many areas of the Oswego Social Studies curricula. During my teaching experiences, I have taught under both traditional and block schedules, supervised student teachers, and developed new course curricula. I have also served as mentor to several new teachers who have joined our staff. On a personal level, I have sincere affection for the Oswego district and look forward to continuing to work with our talented staff.

In addition to my teaching duties, I wish to remain active in a coaching and supervisory capacity. I have extensive experience with aquatics programs as an athlete, a coach, and as an aquatics director. I am highly familiar with the complexities of current aquatics programs, and I have developed and maintained myriad contacts and relationships with coaches and directors at the local, regional, state and national levels.

If District #308 intends to employ an Aquatics Director, I respectfully request consideration as a candidate. My past experiences with aquatics programs, my personal athletic qualifications and my vision for Oswego's athletic programs at large set me apart from other candidates. I look forward to meeting with you at your convenience to further discuss any questions you may have. Thank you for your consideration.

Sincerely,

Deryl Leybner

Oswego High School

# Deryl Leubner

Objective:

To continue in my career as teacher and as a coach at the high school level.

Education:

Masters of Education, Olivet University, Bourbonnais, IL

June 2001-June 2003

Bachelor of Science, Southern Illinois University, Carbondale, IL

Social Sciences Education August 1988-June, 1993

Work Experience:

1997-Present

Tenured Teacher, Oswego Senior High School, Oswego, IL

- I have taught Social Studies at the Sophomore, Junior and Senior levels
- I have developed and modified curricula for multiple courses
- I have implemented a variety of teaching techniques, including cooperative learning, team teaching, reading and writing across the curriculum
- I have taught under traditional and block schedules
- I have performed planning and organizational tasks related to my discipline
- I have administered the State and Federal Constitution exams

1997-2000

Summer School Social Studies, Oswego High School

- I have taught Political Science and administered the State and Federal Constitution exams
- I have worked with students to adapt curricula to individual needs
- I have taught students who wish to advance as well as those who need to remediate

1996-1997

Teacher, Marmion Military Academy, Aurora, IL

- I taught freshman level Social Studies courses
- I taught Physical Education to all levels of classes
- I have implemented a variety of teaching techniques, including cooperative learning, team teaching, reading and writing across the curriculum

1997

Aquatics Director, Hunters Green Country Club, Tampa, FL

- I coordinated and supervised the competitive swim program
- I coordinated and supervised the lesson program
- I was responsible for scheduling all pool usage
- I was responsible for overseeing pool maintenance

1994-1996

Teacher, Tavares High School, Tavares, Florida

- I taught Social Studies courses at the Freshman, Sophomore and Junior levels
- I taught under both a traditional and 4-Block schedule
- I performed planning and organizational tasks related to my discipline
- I acted as Freshman Class Sponsor and participated in related activities
- I have implemented a variety of teaching techniques, including cooperative learning, team teaching, reading and writing across the curriculum

### 1993-1994 Teacher, Leesburg High School, Leesburg, Florida

- I raught Math, Science, and Social Studies courses at all levels
- I performed planning and organizational tasks related to my discipline
- I have taught under traditional and block schedules
- I have implemented a variety of teaching techniques, including cooperative learning, team teaching, reading and writing across the curriculum

### Coaching Experience:

### 1997-Present

### Head Coach, Boys and Girls Swimming, Oswego High School

- I establish and maintain practice schedules
- I develop training procedures and practices
- I manage and maintain paperwork and programs
- I work with athletes in an individual and group setting
- I develop and maintain rapport with athletes to develop as individuals
- I work with the administration at Both Oswego and East Aurora to establish a pool usage schedule

### 1997-Present

### Head Coach, West Suburban Dolphins, Oswego

- I establish and maintain practice schedules
- I develop training procedures and practices
- I work with athletes in an individual and group setting
- I develop and maintain rapport with athletes to develop as individuals
- I serve on the Board of Directors, overseeing all decisions regarding the function, direction, and goals of the team

### 1996-1997

### Assistant Coach, Boys Swimming, Marmion Military Academy

- I developed and plan daily training procedures and practices
- I worked with other coaches to develop and maintain program
- I managed paperwork and statistics for individual groups
- I worked with specialized groups to develop strength and maintain performance

### 1996-1997

## Head Age Group Coach/ Assistant National Team Coach, Academy Bullets Swim Team, Aurora IL.

- I established and maintained practice schedules
- I developed training procedures and practices
- I worked with athletes in an individual and group setting
- I developed and maintained rapport with athletes to assist them in their growth as individuals
- I work with other coaches to develop and maintain program
- I was the program director for the Bullets learn-to-swim program (Swim America)

### 1993-1996 Head Coach, Triangle Area Golden Gators Swim Team, Eustis, Fl.

- I established and maintained practice schedules
- I developed training procedures and practices
- I managed and maintained paperwork and programs
- I worked with athletes in an individual and group setting
- I developed and maintained rapport with athletes to assist them in their growth as individuals
- I organized and maintained transportation schedules for arhletic competitions
- I was responsible for promotion of the program
- I maintained the financial records for the swim team
- I was responsible for creating meet schedules and entering the team into appropriate competitions

### Athletic Activities and Honors

- Helped coach Marmion Military Academy to a top five finish at Illinois State meet
- Coached IHSA State Qualifiers and Finalists
- Coached 10 Illinois Senior Championship finalists, 1997-present
- Coached 4 Illinois Age Group Champions, 1997-present
- Helped coach Academy Bullets to their first Junior National title, 1997
- Coached 10 Junior National Qualifiers, Finalists, and Champions, 1993-1997
- Coached 8 Florida Senior Championship finalists, 1993-1997
- Coached 7 Florida Age Group Championships finalists, 1993-1997
- Coached 6 Florida High School State Finalists, 1993-1996
- U.S. Open Champion, Team and Individual, 1993
- Member of Four Time National Champions Fort Lauderdale Swim Team, 1991-1993
- FINA World Ranked 50 Freestyle and 100 Freestyle, 1990-1993
- Senior National Finalist, 1990-1993
- Olympic Trials Qualifier, 1992
- Team Captain, SIU 1991-1992
- Most Valuable Swimmer, SIU 1992
- Pan-American, Pan-Pacific Trials Qualifier, 1991
- World Championships Trials Qualifier, 1991
- Five Time NCAA Division One All-American, 1989-1991
- United States Swimming All-American, 1990
- Most Improved Swimmer, SIU 1988
- Three Time YMCA All-American, 1988
- IHSA All-State 50 freestyle 1988
- IHSA State finalist 1987, 1988
- Former SIU School Record Holder

References available upon request

# TEACHER CANDIDATE SUMMARY DATA SHEET

| Date 6/1/97  |   |                   |
|--|---|-------------------|
| Name Dry Louise.                                     | Position See                            | St. Teacher OHS   |
| Experience creditable to salary schedule Where Years | Education<br>Institution                | Degree/Hrs        |
| Lees being High School 1  Towns High School 2        | S.Iu.                                   | _ 35_             |
| Towns And Salid 2                                    |   |                   |
| Marmon   |   |                   |
|  |   |                   |
|  |   |                   |
|  |   |                   |
| Certificates Held                                    | Notes:                                  |                   |
| <u>09.</u>   |   |                   |
|  |   |                   |
| Salary Schedule Placement                            |   |                   |
| Teaching position                                    |   |                   |
| Soc 54 - 0HS Lane                                    | Step <u> </u>                           | Salary 27, 911,00 |
| Extra curricular                                     | J                                       |                   |
| Head Clars to Savin Men Cat 7                        | 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Salary 7342,00    |

### CANDIDATE RECOMMENDATION



| POSITION: DAY DOBERTAGE SOCIAL STUDIES                                     |
|--|
| school: 6 H.S  |
| INTERNAL APPLICANTS (all must be interviewed) Interviewed by:  Name School |
|  |
|  |
|  |
| EXTERNAL APPLICANTS INTERVIEWED Interviewed by:  Name School               |
| T.C  |
| To Craig   |
| RECOMMENDED CANDIDATE: Dery   LUEBNER                                      |
| REFERENCES CHECKED ON RECOMMENDED CANDIDATE                                |
| Name: Position: Checked by: Date:  |
| Mickey Marks Admin T.C 6/2   |
| Mickey Marks Admin T.C 6/2<br>Kim Mullins Admin T.C 6/6                    |
| SIGNATURE OF PERSON MAKING THE EMPLOYMENT RECOMMENDATION:                  |
| Supervising Administrator Date 6, 6, 97                                    |

### **CANDIDATE RECOMMENDATION**



| POSITION:   | VARSITY   | GIRLS    | Swimmine                     | CONCH     |             |                       |
|---|-----------|----------|------------------------------|-----------|-------------|-----------------------|
| SCHOOL:   | OSUX CAC  | 194      | ScHool                       |           |             |                       |
| INTERNAL A<br><u>Name</u>   | PPLICANT  | S (all m | ust be inte<br><u>School</u> |           | Interviewed | by:                   |
|   |           |          |                              |           |             |                       |
| EXTERNAL AF<br><u>Name</u>  | PPLICANTS | SINTERVI | EWED<br>School               |           | Interviewed | by:                   |
|   |           |          |                              |           |             |                       |
| RECOMMEND   | ED CANDIE | DATE:    | DERY/ L                      | CUBNER    |             |                       |
| REFERENCES  | CHECKED   | ON RECO  | MMENDED (                    | CANDIDATE |             |                       |
| Name:<br>Sue hul  | llen      | Position | Prin Hu                      | hecked by | itson       | Date: <u>6/1</u> 9/9( |
| Marina de la companione de |           |          |                              |           |             |                       |
| SIGNATURE O   | F PERSON  |          | THE EMPLO                    |           | COMMENDATI  |                       |
| Supervisina   | Administ  | rator    |                              | 24.0_     | [ [         |                       |

# PERSONNEL INFORMATION SHEET CERTIFIED STAFF

| SOCIAL SECURIT<br>(Mr.                             | Y NO.             |                                      |                                      |                     |
|--|-------------------|--------------------------------------|--------------------------------------|---------------------|
| Mrs.<br>NAME <u>Miss</u> )                         | _eubne_<br>(Last) | (First) (1                           | Middle) (                            | Maiden or Previous) |
| TREET ADDRESS                                      | •                 |                                      |                                      |                     |
| ITY A  |                   | STATE \                              | ZIP CODE                             |                     |
| EX (M or )   | HOME PHONE        | <b>♥</b> -al-                        | BIRTHDATEMO                          | DAY YR              |
| SSIGNMENT  | (Building)        | (Position - Teacher, Counselor, e    | Social Grade or Subj                 | Studies<br>ect Area |
| ТҮРЕ   | ISSUE DATE        | *** CERTIFICATION CERTIFICATE NUMBER | N *** DESCRIPTION                    |                     |
| 09   | 9-3-96            | 1542746                              | Sucral Studies                       | A. (                |
|  |                   |                                      |                                      |                     |
|  |                   |                                      |                                      |                     |
| DEGREE   | *** E D  <br>YEAR | U C A T I O N - Please list highest  |                                      |                     |
| 3 A  | 9.3               | Southern Flinois                     | MAJOR(S)                             | MINOR(S)            |
|  |                   |                                      |                                      |                     |
|  |                   | *** E X P E R I E N C E ***          |                                      |                     |
| otal Years Tau<br>n District 308<br>Including curr | 3                 | Total Years Taught in Illinois       | Total Years Taugh<br>Out of Illinois | ıt <u>3</u>         |

## AVAILABILITY QUESTIONNAIRE FOR PART-TIME EMPLOYMENT

| Name Mrs. Decy Leurne   | Phone Area Code               |  |  |  |  |
|---|-------------------------------|--|--|--|--|
| Address . Street or R.  | R. Number                     |  |  |  |  |
|   |                               |  |  |  |  |
| City  | State Zip Code                |  |  |  |  |
| 1 ) Are you restricted to working only certain ho                   | urs of the day? YES NO        |  |  |  |  |
| If the answer is YES, indicate hours available                      | :                             |  |  |  |  |
| 2) Are you restricted to working only certain da                    | ys of the week? YES NO_~~     |  |  |  |  |
| If the answer is YES, circle only the days avail                    |                               |  |  |  |  |
| 3) In which schools would you prefer to substitu                    | ne? No preference             |  |  |  |  |
| 4) Grades or subjects which you prefer to substitute? No preference |                               |  |  |  |  |
| 5 ) Type of Certificate   | Certificate #                 |  |  |  |  |
| 6) College Major Social Studies                                     |                               |  |  |  |  |
| 7) Are you a retired teacher receiving a pensio                     | n from the Illinois Teachers' |  |  |  |  |
| Retirement System? YES  |                               |  |  |  |  |
| 8) Do you plan to substitute in other school districts? YES NO      |                               |  |  |  |  |
| 9 ) Are you interested in full-time employment if it becomes        |                               |  |  |  |  |
| available? YES  | NO                            |  |  |  |  |
| Signature: Duy Zon  |                               |  |  |  |  |
| Date:   |                               |  |  |  |  |

# OSWEGO COMMUNITY UNIT DISTRICT 308 PAYROLL INFORMATION SHEET

| NAME            | Mr.<br>Mrs.<br>Miss     | yl Leubner            |                      |                                       |
|-----------------|-------------------------|-----------------------|----------------------|---------------------------------------|
| ADDRESS         |                         | Street                | or R.R. Number       |                                       |
|                 |                         | 0,1001                |                      |                                       |
| TC:             | City                    |                       | State                | Zip Code                              |
| TELEPHO         | Area Code               | Phone                 | 13                   |                                       |
| SOCIAL S        | SECURITY NO.            |                       |                      | _                                     |
| BIRTHDA         |                         |                       |                      |                                       |
|                 |                         |                       |                      | - N                                   |
| TYPE OF         | POSITION                | (Substitute Sec       | retary, Cafeteria, C | Custodian, etc.)                      |
|                 |                         |                       |                      |                                       |
| Vomens<br>nd se | Swim Coa<br>en by G. Pa | ch 96/97<br>etlewaite | 1/2/96               | SI was review                         |
| FOR ADM         |                         | EUSE ONLY:            |                      |                                       |
| Rate/Sal        | lary \$                 |                       |                      |                                       |
| First Day       | y Worked                |                       |                      | · · · · · · · · · · · · · · · · · · · |
| First Ch        | eck Will Be             |                       |                      |                                       |

### PERSONNEL OFFICE OSWEGO COMMUNITY UNIT SCHOOL DISTRICT #308 P.O. Box 729 RT. #71 OSWEGO, ILLINOIS 60543

Oswego Community Unit School District #308 is in compliance with the U.S. Civil Rights Act of 1964 and Title IX Educational Amendment of 1972, Part 86. The school district provides equal employment opportunity to all individuals and does not discriminate on the basis of race, color, religion, national origin, age, handicap, ancestry or sex.

EMPLOYMENT APPLICATION - CERTIFIED PERSONNEL

Applications are retained for six (6) months.

| Please Type or Print                             | Personal I                      | nformation  | 1.                           | DATE_                     | 10/13/96                   |
|--|---------------------------------|---|------------------------------|---------------------------|----------------------------|
| NAME Leubner                                     |                                 | Dery)   | Scot                         | r                         |                            |
| (LAST)   | (1                              | FIRST)  | (MIDDI                       | E)                        | (MAIDEN)                   |
| PRESENT ADDRESS                                  |                                 |   |                              |                           |                            |
| CITY   | STATE                           | z   | IP CODE_                     |                           |                            |
|  | UNTIL                           | 1   | 9PHONE                       | ( )                       |                            |
| PERMANENT ADDRESS                                |                                 |   |                              |                           |                            |
| CITY   | S                               | TATE  | ZIP C                        | DDE_                      |                            |
| SOCIAL SECURITY NO.                              |                                 | a the second contract of the second contract | PHONE (                      | 705)                      |                            |
| Do you hold current Illi                         | nois Certific                   | ates?   | Type                         | Numbe                     | r                          |
| Type   | Number                          | Туре  | Number                       | r                         |                            |
| TELEPHONE: Work                                  | 2000                            |   |                              |                           |                            |
| Emergency  |                                 |   | Name:_                       | Nancy Le                  | edorer                     |
| DRIVER'S LICENSE NO.:                            |                                 |   | SSUING STAT                  |                           |                            |
|  |                                 |   |                              |                           | _                          |
|  |                                 |   |                              |                           |                            |
| Position Preferred                               |                                 |   |                              |                           |                            |
| Please number 1,2,3 in o                         | order of prefe                  | rence   |                              | List Junior<br>Subject(s) | r/Senior High<br>Preferred |
| Kindergarten                                     | 2 V Junior                      | High (Grades  | 6-8)                         |                           |                            |
| Grades 1-2-3                                     | 1 / Senior                      | High (Grade:  | 9-12)                        | 1. <u>Social</u>          | <u>Studics</u>             |
| Grades 4-5                                       |                                 |   |                              | 2. Hisbin                 | 3                          |
| If you are applying for qualified (18 semester ) | a junior/seni<br>nours/certific | or high posi<br>ate endorsem  | ition (Gr. (<br>ment) to tea | 6-12), what<br>ach?       | subjects are you           |
| Social Studies                                   |                                 |   |                              |                           |                            |
| If you are applying for (certificate endorsement | a special edu                   | cation posit  | ion, in wha                  | at area are               | you qualified              |

NOTE: Applicant should exercise the greatest care in preparing this form. Information given herein becomes a legal part of the employment contract in case of your election. Please do not omit any item. If your transcripts or credentials carry a different surname than you have given us, please indicate other name to assist district personnel in matching your papers with your file.

### EDUCATION AND PROFESSIONAL TRAINING

| Name of School,<br>Location From Which You<br>Graduated. Include High School,<br>College and Post-Graduate Work<br>in Order Taken | Years<br>Attended | Semester<br>Hours<br>Credit | Degree<br>or<br>Diploma | MAJOR SUBJECT<br>and Semester<br>Hours Credit | MINOR SUBJECT<br>and Semester<br>Hours Credit |
|---|-------------------|-----------------------------|-------------------------|---|---|
| Oxurgo St High Schall   | 1494-93           |                             |                         |   |   |
| Southern Illinois University  | 16154-43          | 129                         | 35 EJ                   | Social Studies                                |   |
| at Chelphinte   |                   |                             |                         |   |   |
|   |                   |                             |                         |   |   |
|   |                   |                             |                         | ļ   |   |
|   |                   |                             |                         |   | <u> </u>                                      |

Total Semester Hours of college credit 129

|          | STUDENT TEACHING  |
|----------|---|
| Name of  | teacher training institution: DuQuoin High School       |
| Name of  | school where student teaching was done: Quan Hyl School |
| Address: |   |
| Name of  | cooperating teacher: Kathy Wrst                         |
| Name of  | university supervisor:                                  |
| Grade le | vel or subject: 10-12                                   |
| Dates:   | From 193 To 193 Semester Hours Earned: 12               |

PROFESSIONAL EXPERIENCE

Salary placement is based upon your listing of professional teaching experiences - DO NOT OMIT ANY !! Applicant must list ALL teaching/administrative experience beginning with the most recent. Do not state "refer to resume".

| Elementary, junior high or senior high school (give name of school) | City, State | Position<br>Grade or Subject | Dates     | Year t | aught<br>PT |
|---|-------------|------------------------------|-----------|--------|-------------|
| Tavarrs High School   |             | Social Studies 9-12          |           | ×      |             |
| Lersburg High School  | Leesbury FL | Math Science 9-12            | 1993 1994 | >      |             |
|   | ,           |                              |           |        |             |
|   |             |                              |           |        |             |
|   |             |                              |           |        |             |
|   |             |                              |           |        |             |
|   |             |                              |           |        |             |

| Professional References:                            | (Include here only persons who kn<br>professionally, i.e., principals,<br>superintendents with whom you hav  | s, supervisors, and                        |  |  |
|---|--|--|--|--|
| Name<br>Bill Schalz                                 | Present Office Address/Phone No.   | Present Official Position Head Seven Coach |  |  |
|   |  |  |  |  |
| you can. The space prov<br>needed, please attach ad | accomplish as a teacher? The   | if more space is                           |  |  |
| and feelings about your                             | o about finding out about stricts  class? In my opinion the brit was  ask them. I have burn the  ask them. I have burn the  work feel about mest loopies | y to alrea students                        |  |  |
| are teaching be sure to and all will go well." I    | her offers you the following command the respect of your show do you feel about this?  The A is which to consider it the seal through your actions, not  | Any time an                                |  |  |
| your class?   | deciding what it is that sho   | •  |  |  |
| his/her child is irreleve                           | ou and complains that what you and to the child's needs. Ho that the material is relevant the school. In addition I way their child                      | w would you respond?                       |  |  |
| teaching?   | ill (does) provide you the gr  |  |  |  |
| 7. When you have some                               | free time, what do you enjoy watching and participating in   | doing the most?                            |  |  |

| 12  |    |
|-----|----|
| 3   |    |
| ۲   | 90 |
| AME |    |
| Z   |    |

| 8. How do you go about finding what students are good at?  |
|--|
| I mill they are great or westerning  |
| 9. Would you rather try a lot of way-out teaching strategies or would you rather try to perfect the approaches which work best for you? Explain your position.   |
| 10. Do you like to teach with an overall plan in mind for the year, or would you rather just teach some interesting things and let the process determine the results? Explain your position.  La require it is very control of the cont |
| 11. A student is doing poorly in your class. You talk to the student, and the student tells you that you are the poorest teacher the student has ever met. What would you do?  The first thing I would it is ask the student why hisha fell that way.  Scroody, I would explain to the student that learning is a two way.  Street Fielly, I would try to find a congruence between what the student feels is correct.   |
| 12. If there were absolutely no restrictions placed upon you, what would you most want to do in life? If there were No control is this world I would prefer to control surmains during the day, and spend that the time with my large family.  |
| I understand that any applicant who fails to provide requested employment employer history which is material to the applicant's qualifications for employment or who provides statements which the applicant does not believe to be true may be guilty of a Class A Misdemeanor (P.A. 88-102). If employed, any misinformation, falsification or omissions will be sufficien cause for dismissal.  |
| Date Signature of Applicant  |
|  |



To: Deryl Leubner (Via email to dleubner@sd308.org)

From: Kenneth L. Miller, Assistant Director of Human Resources

Date: October 13, 2016

RE: Your 2016-2017 Lane Change

Congratulations! Your lane change for the 2016-2017 School Year has been approved. This change will be reflected on the October 28, 2016 payroll and it will be retroactive to the beginning of the year.

| Placement          | Lane         | Step    | Annual Salary | Per-Paycheck Amount |
|--------------------|--------------|---------|---------------|---------------------|
| Current Placement: | Masters + 32 | Step 17 | \$80,694.00   | \$3,362.25          |
| New Placement:     | Masters + 47 | Step 18 | \$88,191.00   | \$3,674.63          |

On October 28, 2016, you will also receive a separate paycheck that will reflect the following:

RETRO PAY:

\$1,249.5052

This amount is the difference between your new salary placement and what you were paid from August 30, 2016 to October 15, 2016 based on your previous salary placement.

SALARY ADJ. TO 11-12:

\$0.00

If you have any questions regarding your lane change, please feel free to contact me at (630) 636-3480 or at <a href="mailto:kmiller01@sd308.org">kmiller01@sd308.org</a>.

Congratulations again on your lane change!

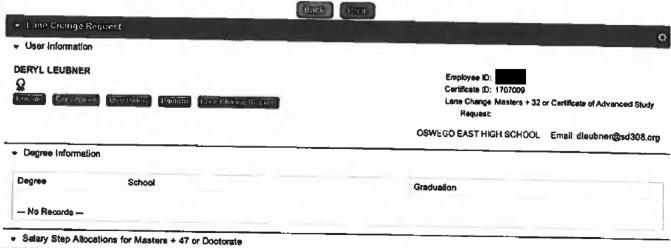
SMZ G

Kenneth Miller

Assistant Director of Human Resources DISTRICT ADMINISTRATIVE CENTER • 4175 ROUTE 71 • OSWEGO, IL 60543

P: (630) 636-3480 • F: (630) 636-3669 • E: kmiller01@SD308.ORG • WWW.SD308.ORG.

W. 10/17/2016



| Salary Step                  | Credite Activity Title                              | Date Complete: | Start Date | End Date   | Purpose           |
|------------------------------|---|----------------|------------|------------|-------------------|
| Masters + 47 or<br>Doctorate | 3.00 Designing Learning for the Common Core         | 08/13/2016     | 05/01/2016 | 07/31/2016 | Salary Advancemen |
| Masters + 47 or<br>Doctorate | 3.00 The Flipped Classroom                          | 08/13/2016     | 05/01/2016 | 07/31/2016 | Salary Advanceme  |
| Masters + 47 or<br>Doctorate | 3.00 Student Learning and the Brain                 | 08/13/2016     | 05/01/2016 | 07/31/2016 | Salary Advanceme  |
| Masters + 47 or<br>Doctorate | 3.00 The Vietnam War: History and Conflict          | 08/13/2016     | 05/01/2016 | 07/31/2016 | Salary Advancemen |
| Masters + 47 or<br>Doctorate | 3.00 Integrating the Arts for Teaching and Learning | 08/13/2016     | 05/01/2016 | 07/31/2016 | Salary Advancemen |

Used Credits: 15.00

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### Request for Graduate Coursework Approval

NOTE: Requests for courses for advancement on the salary schedule must be submitted prior to the start of the course and all coursework must receive prior approval before salary schedule advancement will be granted.

### General Info

User DERYL LEUBNER

Building OSWEGO EAST HIGH SCHOOL

Employee ID

Submitted 4/20/2016 10:04 pm Marked Complete 8/13/2016 5:37 pm

Dates 5/1/2016 to 7/31/2016

Reference iD D17417-A0-S-L52199447

### **Basic Information**

ts this part of a degree program? NO

Is this course required to remove VNO

deficiencies?

Is this course part of a Master's program? If yes, please answer the following question below.

If this course is part of Master's program, what is the program title?

What is your highest degree?

∿ ио

**MASTERS** 

### Course Details

Course Number EDUC 714Q

Title of Course Student Learning and the Brain

Please describe the course as

This course, drawing on neuropsychological research and educational experience, gives an

given in the university catalog.

understanding of the brain's learning processes. Before today's teachers and administrators can effectively match teaching practice to brain functioning, they must have a clearer understanding of how the brain, and especially that of developing students, functions.

or now are statin, and superioring addesite, faircasting

Website for Description http://www.pdcourses.net/course\_info.php?pid=143

Please give your reason for taking the course.

This course will help me more effectively plan and implement lessons geared toward authentic learning in the classroom.

### **Dates of Course**

When do you expect to BEGIN

this course?

5/1/2016

When do you expect to COMPLETE this course?

7/31/2016

### Name of Institution/Course Provider

**Provider** 

Other Provider University of LaVerne

### Semester Credit Hours

How many semester credit hours 3.00 do you expect to earn from this course?

IMPORTANT NOTES

Courses must be graduate level. Courses must improve a teacher's ability to perform his/her assigned duties and not duplicate previous training.

### Signature section

By checking off the I agree textbox below, I concur with the information as submitted and this will serve as my electronic signature.

### JAGREE

Finish

### Administrator's Section

| AI       | О. |      |     |
|----------|----|------|-----|
| Approval | 51 | ımmı | arv |

| Administrator   | Approval Type | Status                       | Date |
|-----------------|---------------|------------------------------|------|
| Miller, Kenneth | PRIOR         | COMPLETE4/25/2016<br>8:51 am |      |
| Miller, Kenneth | FiNAL         | COMPLETE9/9/2016<br>5:04 pm  |      |

### Expenses

| Description      | Requested | Approved                                | Final  |
|------------------|-----------|---|--------|
| registration fee | \$0.00    | *****                                   | \$0.00 |
| transportation   | \$0.00    |   | \$0.00 |
| tolls            | \$0.00    | *************************************** | \$0.00 |
| meals            | \$0.00    | *************************************** | \$0.00 |
| odging           | \$0.00    | ********                                | \$0.00 |
| other expenses   | \$0.00    | *************************************** | \$0.00 |
| Totals           | \$0.00    | \$0.00                                  | \$0.00 |

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### Request for Graduate Coursework Approval

NOTE: Requests for courses for advancement on the salary schedule must be submitted prior to the start of the course and all coursework must receive prior approval before salary schedule advancement will be granted.

General Info

User

**DERYL LEUBNER** 

**Building** 

OSWEGO EAST HIGH SCHOOL

Employee ID

Submitted Marked Complete 4/20/2016 10:04 pm 8/13/2016 5:38 pm

•

Dates

5/1/2016 to 7/31/2016

Reference ID

D17417-A0-S-L52199801

### Basic Information

is this part of a degree program? NO

Is this course required to remove

NO پ

, NO

licensure/endorsement

deficiencies?

Is this course part of a Master's program? If yes, please answer the following question below.

If this course is part of Master's program, what is the program

title?

What is your highest degree?

**MASTERS** 

### Course Details

Course Number

**EDUC 715K** 

Title of Course

Integrating the Arts for Teaching and Learning

Please describe the course as given in the university catalog.

This course is about making your existing curriculum in Social Studies, Language Arts, Math, Science or Art much more interesting, fun, memorable, and enriching for both you and your students. You will learn how to integrate the Arts: visual arts, drama, literature, dance, and music into your existing lessons, even if you do not have a background in the Arts. Integrating the arts has proven successful for teaching and learning in both multicultural and multilingual settings.

Website for Description

http://www.pdcourses.net/course\_info.php?pid=174

Please give your reason for taking the course.

This course will help me enrich my existing coursework with new approaches to lesson planning, teaching and assessment.

### **Dates of Course**

When do you expect to BEGIN

5/1/2016

this course?

When do you expect to

7/31/2016

COMPLETE this course?

### Name of Institution/Course Provider

Provider

Other Provider

University of LaVerne

### Semester Credit Hours

How many semester credit hours 3.00 do you expect to earn from this

course?

### **IMPORTANT NOTES**

Courses must be graduate level. Courses must improve a teacher's ability to perform his/her assigned duties and not duplicate previous training.

### Signature section

By checking off the I agree textbox below, I concur with the Information as submitted and this will serve as my electronic signature.

, IAGREE

Finish

### **Administrator's Section**

### Approval Summary

| Administrator   | Approval Type | Status                       | Date |
|-----------------|---------------|------------------------------|------|
| Miller, Kenneth | PRIOR         | COMPLETE4/25/2016<br>8:52 am |      |
| Miller, Kenneth | FINAL         | COMPLETE9/9/2016<br>5:04 pm  |      |

### Expenses

| Description      | Requested | Approved   | Final  |
|------------------|-----------|------------|--------|
| registration fee | \$0.00    |            | \$0.00 |
| transportation   | \$0,00    |            | \$0.00 |
| tolls            | \$0.00    |            | \$0.00 |
| meals            | \$0.00    |            | \$0.00 |
| odging           | \$0.00    | ********** | \$0.00 |
| other expenses   | \$0,00    | ********** | \$0.00 |
| Totals           | \$0.00    | \$0.00     | \$0.00 |

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### Request for Graduate Coursework Approval

NOTE: Requests for courses for advancement on the salary schedule must be submitted prior to the start of the course and all coursework must receive prior approval before salary schedule advancement will be granted.

### General Info

User DERYL LEUBNER

Building OSWEGO EAST HIGH SCHOOL

Employee ID

Submitted 4/20/2016 10:04 pm Marked Complete 8/13/2016 5:38 pm

Dates 5/1/2016 to 7/31/2016

Reference ID D17417-A0-S-L52199468

### Basic Information

is this part of a degree program? NO

is this course required to remove 😺 N

licensure/endorsement

deficiencies?

Is this course part of a Master's program? If yes, please answer the following question below.

If this course is part of Master's program, what is the program

title?

What is your highest degree?

**MASTERS** 

Ų NO

### Course Details

Course Number

**EDUC 716W** 

Title of Course

The Vietnam War: History and Conflict

Please describe the course as given in the university catalog.

This course provides an extensive background about the Vietnam War, the relevant history of Southeast Asia, and the consequences of the conflict on the region. The text also covers the social, economic, ideological, diplomatic, and military aspects of the Vietnam War.

Website for Description

http://www.odcourses.net/course\_info.oho?pid=254

Please give your reason for taking the course.

I teach American History. This course furthers my knowledge base and strengthens my strategies to approach the teaching of this era in the classroom.

### **Dates of Course**

When do you expect to BEGIN

5/1/2016

this course?

When do you expect to COMPLETE this course?

7/31/2016

### Name of Institution/Course Provider

Provider

Other Provider

University of LaVerne

### Semester Credit Hours

How many semester credit hours 3.00 do you expect to earn from this course?

### IMPORTANT NOTES

Courses must be graduate level. Courses must improve a teacher's ability to perform his/ner assigned duties and not duplicate previous training.

### Signature section

By checking off the Lagree textbox below, I concur with the information as submitted and this will serve as my electronic

### J IAGREE

signature. Finish

### Administrator's Section

### Approval Summary

| Administrator   | Approval Type | Status                       | Date |
|-----------------|---------------|------------------------------|------|
| Miller, Kenneth | PRIOR         | COMPLETE4/25/2016<br>8:51 am |      |
| Miller, Kenneth | FINAL         | COMPLETE9/9/2016<br>5:05 pm  |      |

### Expenses

| Pescription     | Requested | Approved     | Final  |
|-----------------|-----------|--------------|--------|
| egistration fee | \$0.00    |              | \$0.00 |
| ansportation    | \$0.00    | ************ | \$0.00 |
| olls            | \$0,00    | ********     | \$0.00 |
| neals           | \$0.00    |              | \$0.00 |
| odging          | \$0,00    | *********    | \$0.00 |
| ther expenses   | \$0,00    | ********     | \$0.00 |
| otals           | \$0.00    | \$0.00       | \$0.00 |

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### Request for Graduate Coursework Approval

NOTE: Requests for courses for advancement on the salary schedule must be submitted prior to the start of the course and all coursework must receive prior approval before salary schedule advancement will be granted.

#### General Info

User **DERYL LEUBNER** 

Building OSWEGO EAST HIGH SCHOOL

Employee ID

Submitted 4/20/2016 10:03 pm 8/13/2016 5:37 pm Marked Complete

5/1/2016 to 7/31/2016 Dates

Reference ID D17417-A0-S-L52199363

#### Basic Information

Is this part of a degree program? NO

is this course required to remove

licensure/endorsement

deficiencies?

Is this course part of a Master's program? If yes, please answer the following question below.

, NO

If this course is part of Master's program, what is the program

title?

What is your highest degree?

**MASTERS** 

#### Course Details

Course Number

**EDUC 7171** 

Title of Course

The Flipped Classroom

Please describe the course as given in the university catalog.

n this course you will learn the difference between traditional and flipped-mastery learning, why the flipped classroom works, what strategies are effective for flipping your classroom, how to design a flipped classroom lesson plan, and what you need to flip your own classroom.

Website for Description

http://www.pdcourses.net/course\_info.php?pid=281

Please give your reason for taking the course.

It's geared toward 21st Century learning and our district has made this a focus, aligned with Common Core.

### **Dates of Course**

When do you expect to BEGIN

5/1/2016

this course?

When do you expect to

7/31/2016

COMPLETE this course?

### Name of Institution/Course Provider

Provider

Other Provider

University of LaVerne

#### Semester Credit Hours

How many semester credit hours 3.00 do you expect to earn from this course?

**IMPORTANT NOTES** 

Courses must be graduate level. Courses must improve a teacher's ability to perform his/her assigned duties and not duplicate previous training.

### Signature section

By checking off the tagree textbox below, I concur with the information as submitted and this will serve as my electronic JAGREE

signature. Finish

### Administrator's Section

### Approval Summary

| Administrator   | Approval Type | Status                       | Date |
|-----------------|---------------|------------------------------|------|
| Miller, Kenneth | PRIOR         | COMPLETE4/25/2016<br>8:50 am |      |
| Miller, Kenneth | FINAL         | COMPLETE9/9/2016<br>5:05 pm  |      |

#### Expenses

| Description      | Requested | Approved  | Final  |
|------------------|-----------|-----------|--------|
| registration fee | \$0.00    |           | \$0.00 |
| transportation   | \$0.00    | ********* | \$0.00 |
| tolis            | \$0.00    |           | \$0.00 |
| meals            | \$0,00    |           | \$0.00 |
| lodging          | \$0.00    |           | \$0.00 |
| other expenses   | \$0.00    | ********* | \$0.00 |
| Totals           | \$0.00    | \$0.00    | \$0.00 |

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### Request for Graduate Coursework Approval

NOTE: Requests for courses for advancement on the salary schedule must be submitted prior to the start of the course and all coursework must receive prior approval before salary schedule advancement will be granted.

#### General Info

User

**DERYL LEUBNER** 

Building

**OSWEGO EAST HIGH SCHOOL** 

Employee ID

Submitted Marked Complete 4/20/2016 10:03 pm 8/13/2016 5:37 pm

5/1/2016 to 7/31/2016

Reference ID

Dates

D17417-A0-S-L52199357

#### Basic Information

is this part of a degree program? NO

Is this course required to remove

NO ب

, NO

licensure/endorsement

deficiencies?

Is this course part of a Master's program? If yes, please answer the following question below.

If this course is part of Master's program, what is the program

title?

What is your highest degree?

**MASTERS** 

#### **Course Details**

Course Number

**EDUC 717K** 

Title of Course

Designing Learning for the Common Core

Please describe the course as given in the university catalog.

This course offers K-12 teachers, and anyone else needing to understand Common Core, a variety of best practices and classroom delivery techniques for student mastery of the new standards.

Website for Description

http://www.pdcourses.net/course\_Info.php?pid=283

Please give your reason for taking the course.

It enhances and supports knowledge of Common Core practices and how to implement more complex lessons into the classroom.

### **Dates of Course**

When do you expect to BEGIN

5/1/2016

this course?

When do you expect to

7/31/2016

COMPLETE this course?

### Name of Institution/Course Provider

Provider

Other Provider

University of LaVerne

#### Semester Credit Hours

How many semester credit hours 3.00 do you expect to earn from this

course?

### IMPORTANT NOTES

Courses must be graduate level. Courses must improve a teacher's ability to perform his/ner assigned duties and not duplicate previous training.

Signature section

J IAGREE

By checking off the I agree textbox below, I concur with the information as submitted and this will serve as my electronic signature.

0.311010

Finish

### Administrator's Section

### Approval Summary

| Administrator   | Approval Type | Status                       | Date |
|-----------------|---------------|------------------------------|------|
| Miller, Kenneth | PRIOR         | COMPLETE4/25/2016<br>8:50 am |      |
| Miller, Kenneth | FINAL         | COMPLETE9/9/2016<br>5:06 pm  |      |

### Expenses

| Description      | Requested | Approved  | Final  |
|------------------|-----------|-----------|--------|
| registration fee | \$0.00    |           | \$0.00 |
| transportation   | \$0.00    | ********* | \$0.00 |
| tolls            | \$0.00    | ********  | \$0.00 |
| meals            | \$0.00    |           | \$0,00 |
| lodging          | \$0.00    | 4         | \$0.00 |
| other expenses   | \$0,00    | ********* | \$0.00 |
| Totals           | \$0.00    | \$0.00    | \$0.00 |

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| (Table)          | ERYLI  | ELIBNER  | OEHS                        | 1/25/12                 |  |  |  |
|------------------|--|--|-----------------------------|-------------------------|--|--|--|
| ( 1 each         | her's Name)  |  | Building                    | Date Submitted          |  |  |  |
| Subjec           | Ct Areas You Cur   |  | lies                        |                         |  |  |  |
| Is this          | course <u>Direct L</u>   | nstruction or an ONL   | INE Course? (circle one)    | )                       |  |  |  |
| Are ye           | Are you currently TENURE or NON-TENURE in District 308? (circle one) |  |                             |                         |  |  |  |
| All co           | ursework must re   | eceive prior approval be   | fore salary schedule adva   | ncement will be grante  | ed.  |  |  |
| Please           | complete this fo   | orm in duplicate origi   | nal for personnel file, dup | licate will be returned |  |  |  |
| 1.               | Is this a gradua<br>(Salary schedule cree                            | te or undergrad<br>dit will only be granted toward g                         | uate course? (Chec          | ck one)                 |  |  |  |
| 2.               | Is this course re  | equired to remove certi  | fication deficiencies?      | Yes1                    | No X   |  |  |
| 3.               | Have you previ   | ously taken training w   | nich this course duplicates | ? Yes                   | No X   |  |  |
| 4.               |  | ng a graduate degree?<br>er number 5 & 6. If "N                              | o", go to No. 7.            | Yes                     | No X   |  |  |
| 5.               | well as your lis   | MA program, have you<br>t of core courses to Ass<br>and 'No' when will we re | oc. Supt for Admin?         | Yes No                  | this Master's program a                              |  |  |
| 6.               | How many sem   | ester hours do you hav   | e toward earning your adv   | vanced degree?          |  |  |  |
| 7.               | How many sem   | ester hours do you hav   | e beyond your B.A. +        | or M.A. + <u>/5</u>     | _  |  |  |
| 8.               | How many sem   | ester hours do you exp   | ect to earn from this cours | se? Sem                 |  |  |  |
| <u>Institutí</u> | on   | Course No.   | Title of Course             | Dates of course         | (do NOT indicate ONLINE)                             |  |  |
|                  |  | EDUC. 7166<br>the course as given in   | 100                         | e 2/12 -                | 6-12   |  |  |
| 9.               | Please describe  | the course as given in   | the college/catalog.        |                         |  |  |  |
| 10.              | Please give you  |  | cener Todal                 | M. Col                  | vin  |  |  |
|                  |  | (Date) Assoc   | iate Supt. for Administrat  | TAE DELAICES            |  |  |  |
| beyon            | d their Masters.   |  | n does not necessarily gu   |                         | timum of 32 online hours<br>d salary movement if the |  |  |
|                  | er signature (all  | forms must be signed   | )                           |                         |  |  |  |

10/6/2009

|      | De         | ERYL LEUBNER  | =                                       | 1-25-12   |  |  |  |
|------|------------|---|---|---|--|--|--|
|      | (Teach     | ner's Name)   | Building                                | Date Submitted  |  |  |  |
|      |            | SOCIAL STUDIES  |   |   |  |  |  |
|      | Subjec     | t Areas You Currently Teach   |   |   |  |  |  |
|      | Is this    | nis course Direct Instruction or an QNLINE Course? (circle one)   |   |   |  |  |  |
|      | Are yo     | ou currently TENURE or NON-TENUR  | E in District 308? (circ                | le one)   |  |  |  |
|      | All co     | ursework must receive prior approval bef  | fore salary schedule adva               | ncement will be granted.  |  |  |  |
|      | Please     | complete this form in duplicate origin  | al for personnel file, dup              | licate will be returned.  |  |  |  |
|      | 1.         | Is this a graduate or undergradu<br>(Salary schedule credit will only be granted toward gr                          | nate course? (Checaduate level courses) | ck one)   |  |  |  |
|      | 2.         | Is this course required to remove certif  | ication deficiencies?                   | Yes No  |  |  |  |
|      | 3.         | Have you previously taken training wh   | ich this course duplicates              | ? Yes NoX   |  |  |  |
|      | 4.         | Are you pursuing a graduate degree? If "Yes", answer number 5 & 6. If "No   | o", go to No. 7.                        | Yes NoX   |  |  |  |
|      | 5.         | If you are in a MA program, have yo well as your list of core courses to Asso (If you answered 'No' when will we re | oc. Supt for Admin?                     | acceptance letter into this Master's program a Yes No   |  |  |  |
|      | 6.         | How many semester hours do you have   | toward earning your adv                 | ranced degree?  |  |  |  |
|      | 7.         | How many semester hours do you have   | beyond your B.A. +                      | or M.A. + <u>//5</u>  |  |  |  |
|      | 8.         | How many semester hours do you expe   | ect to earn from this cour              | se? Sem. <u>3</u>   |  |  |  |
|      | Institutio | on Course No.   | Title of Course                         | Dates of course (do NOT indicate ONLINE)  |  |  |  |
| Univ | Lav        | ure EDUC 7160   | ENTRUCK                                 | 2/12-6/12   |  |  |  |
| W/13 | 9.         | Please describe the course as given in 6  | 21ST Chilling She college catalog.      | Kills   |  |  |  |
|      | 10.        | Please give your reason for taking the o  | n Unattodel                             | M. Colvin   |  |  |  |
|      |            | (Date) Assoc  | iate Supt. for Administrat              | ive Services  |  |  |  |
|      | beyon      |   | does not necessarily gr                 | only be allowed a maximum of 32 online hours<br>parantee credit toward salary movement if the |  |  |  |
|      |            |   |   |   |  |  |  |
|      | (I egich)  | er signature (all forms must be signed)   |   |   |  |  |  |

10/6/2009

| TERYL LEUBNER OEHS 1-25-12 (Teacher's Name)  DERYL LEUBNER DEHS  Date Submitted  |
|--|
| Subject Areas You Currently Teach  |
| Is this course Direct Instruction or an ONLINE Course? (circle one)  |
| Are you currently TENURE or NON-TENURE in District 308? (circle one)   |
| All coursework must receive prior approval before salary schedule advancement will be granted.   |
| Please complete this form in duplicate original for personnel file, duplicate will be returned.  |
| 1. Is this a graduate or undergraduate course? (Check one) (Salary schedule credit will only be granted toward graduate level courses)   |
| 2. Is this course required to remove certification deficiencies?  Yes No Y   |
| 3. Have you previously taken training which this course duplicates? Yes No   |
| 4. Are you pursuing a graduate degree?  If "Yes", answer number 5 & 6. If "No", go to No. 7.   |
| 5. If you are in a MA program, have you provided your college acceptance letter into this Master's program as well as your list of core courses to Assoc. Supt for Admin?  (If you answered 'No' when will we receive it?)   |
| How many semester hours do you have toward earning your advanced degree?   |
| 7. How many semester hours do you have beyond your B.A. + or M.A. + 15   |
| 8. How many semester hours do you expect to earn from this course? Sem.  |
| Institution Course No. Title of Course Dates of course (do NOT indicate ONLINE)  |
| IV. Larene EDUC. 713Q FOUNDING FATTHERS 2/12-6/12  |
| 9. Please describe the course as given in the college catalog.  Founding Fouthurs Created a Chrique Northware 10. Please give your reason for taking the course.  Solary Ad Van Christell M Colors  Approved Disapproved 22-12  (Date) Associate Supt. for Administrative Services   |
| Important Note: Effective the 2009/2010 school year, teachers will only be allowed a maximum of 32 online hours beyond their Masters. Approval of this form does not necessarily guarantee credit toward salary movement if the maximum online hours (32) has been obtained.  Teacher signature (all forms must be signed) |

10/6/2009

| Teacher's Name)  Deta Leubner (DEHS)  Building Date Submitted   |  |  |  |  |  |
|---|--|--|--|--|--|
| Subject Areas You Currently Teach   |  |  |  |  |  |
| Is this course Direct Instruction or an ONLINE Course? (circle one)   |  |  |  |  |  |
| Are you currently TENURE or NON-TENURE in District 308? (circle one)  |  |  |  |  |  |
| All coursework must receive prior approval before salary schedule advancement will be granted.  |  |  |  |  |  |
| Please complete this form in duplicate original for personnel file, duplicate will be returned.   |  |  |  |  |  |
| 1. Is this a graduate or undergraduate course? (Check one) (Salary schedule credit will only be granted toward graduate level courses.)   |  |  |  |  |  |
| 2. Is this course required to remove certification deficiencies?  Yes No  |  |  |  |  |  |
| 3. Have you previously taken training which this course duplicates? Yes No X  |  |  |  |  |  |
| 4. Are you pursuing a graduate degree? Yes No Yes No Yes No No Yes Yes No Yes Yes No Yes No Yes Yes No Yes |  |  |  |  |  |
| 5. If you are in a MA program, have you provided your college acceptance letter into this Master's program as well as your list of core courses to Assoc. Supt for Admin?  (If you answered 'No' when will we receive it?)  |  |  |  |  |  |
| 6. How many semester hours do you have toward earning your advanced degree?   |  |  |  |  |  |
| 7. How many semester hours do you have beyond your B.A. + or M.A. +   |  |  |  |  |  |
| 8. How many semester hours do you expect to earn from this course? Sem. 3   |  |  |  |  |  |
| Institution Course No. Title of Course Dates of course (do NOT indicate ONLINE)   |  |  |  |  |  |
| 1. La Verne Educ 7/4E Modern Middle 6/12-8/12   |  |  |  |  |  |
| 9. Please describe the course as given in the college catalog.  Middle East: Beyond Oil, Strategy & political conflict  |  |  |  |  |  |
| 10. Please give your reason for taking the course.  |  |  |  |  |  |
| Approved Disapproved 2-2-12 (Date) Associate Supt. for Administrative Services  |  |  |  |  |  |
| Important Note: Effective the 2009/2010 school year, teachers will only be allowed a maximum of 32 online hours beyond their Masters. Approval of this form does not necessarily guarantee credit toward salary movement if the maximum online hours (32) has been obtained.  |  |  |  |  |  |

10/6/2009

Teacher signature (all forms must be signed)

## OSWEGO COMMUNITY UNIT SCHOOL DISTRICT 308 REQUEST FOR APPROVAL OF COURSE WORK (Only 1 class per form)

(All areas on this form must be completed or it will be returned to you) (Teacher's Name) Date Submitted Subject Areas You Currently Teach Is this course Direct Instruction or an ONLINE Course? (circle one) Are you currently TENURE of NON-TENURE in District 308? (circle one) All coursework must receive prior approval before salary schedule advancement will be granted. Please complete this form in duplicate original for personnel file, duplicate will be returned. ١. Is this a graduate or undergraduate course? (Check one) (Salary schedule credit will only be granted toward graduate level courses.) Yes No X 2. Is this course required to remove certification deficiencies? 3. Have you previously taken training which this course duplicates? 4. Are you pursuing a graduate degree? If "Yes", answer number 5 & 6. If "No", go to No. 7. 5. If you are in a MA program, have you provided your college acceptance letter into this Master's program as well as your list of core courses to Assoc. Supt for Admin? Yes \_\_\_\_ No \_ (If you answered 'No' when will we receive it?) \_\_\_ 6. How many semester hours do you have toward earning your advanced degree? 7. or M.A. + How many semester hours do you have beyond your B.A. + 8. How many semester hours do you expect to earn from this course? Sem. Institution Course No Dates of course (do NOT indicate ONLINE) Title of Course Please describe the course as given in the college catalog. 9. Lingolnis 10. Please give your reason for taking the course. Approved/Disapproved (Date) Associate Supt. for Administrative Services Important Note: Effective the 2009/2010 school year, teachers will only be allowed a maximum of 32 online hours

Important Note: Effective the 2009/2010 school year, teachers will only be allowed a maximum of 32 online hours beyond their Masters. Approval of this form does not necessarily guarantee credit toward salary movement if the maximum online hours (32) has been obtained.

Teacher signature (all forms must be signed)

COURSE APPROVAL REQUESTØ910.DOC

10/6/2009

|       | (All areas on this form must be completed of it will be returned to you)  |  |  |  |  |  |
|-------|---|--|--|--|--|--|
| (Tě   | acher's Name)  Detail Leading  OFHS  1-25-12  Date Submitted  |  |  |  |  |  |
| Sul   | Secial Studies  ject Areas You Currently Teach  |  |  |  |  |  |
| ls t  | his course Direct Instruction or an ONLINE Course? (circle one)   |  |  |  |  |  |
| Are   | you currently TENURE or NON-TENURE in District 308? (circle one)  |  |  |  |  |  |
| All   | coursework must receive prior approval before salary schedule advancement will be granted.  |  |  |  |  |  |
| Ple   | ase complete this form in duplicate original for personnel file, duplicate will be returned.  |  |  |  |  |  |
| 1.    | Is this a graduate or undergraduate course? (Check one) (Salary schedule credit will only be granted toward graduate level courses.)  |  |  |  |  |  |
| 2.    | Is this course required to remove certification deficiencies?  Yes No   |  |  |  |  |  |
| 3.    | Have you previously taken training which this course duplicates?  Yes No X  |  |  |  |  |  |
| 4.    | Are you pursuing a graduate degree?  If "Yes", answer number 5 & 6. If "No", go to No. 7.   |  |  |  |  |  |
| 5.    | If you are in a MA program, have you provided your college acceptance letter into this Master's program as well as your list of core courses to Assoc. Supt for Admin?  Yes No  (If you answered 'No' when will we receive it?)                                       |  |  |  |  |  |
| 6.    | How many semester hours do you have toward earning your advanced degree?  |  |  |  |  |  |
| 7.    | How many semester hours do you have beyond your B.A. + or M.A. + 15   |  |  |  |  |  |
| 8.    | How many semester hours do you expect to earn from this course? Sem_3   |  |  |  |  |  |
| Inst  | tution Course No. Title of Course Dates of course (do NOT indicate ONLINE)  |  |  |  |  |  |
| Unive | havenue EDUC 715P Web 200 6/12-8/12   |  |  |  |  |  |
| 9.    | Please describe the course as given in the college catalog.   |  |  |  |  |  |
|       | Approved Disapproved (Date)  Associate Supt. for Administrative Services  |  |  |  |  |  |
| ***** | (Date) Associate Supt. for Administrative Services  |  |  |  |  |  |
| be    | portant Note: Effective the 2009/2010 school year, teachers will only be allowed a maximum of 32 online hours ond their Masters! Approval of this form does not necessarily guarantee credit toward salary movement if the ximum online hours (32) has been obtained. |  |  |  |  |  |

Teacher signature (all forms must be signed)

10/6/2009



| 1)   | EPOL LEUBNER   | OETIS  | 6/30/10  |     |
|--|--|--|--|-----|
| (Teacl   | ner's Name)  | Building   | Date Submitted   |     |
| (  | SOCIAL STUDIES   |  |  |     |
| Subjec   | et Areas You Currently Teach   |  |  |     |
| Is this  | course <u>Direct Instruction</u> or an O   | NLINE Course? (circle one  | )  |     |
| Are yo   | ou currently <u>TENURE</u> or <u>NON-TEN</u>   | NURE in District 308? (circ  | cle one)   |     |
| All co   | ursework must receive prior approva  | l before salary schedule adva  | ncement will be granted.   |     |
| Please   | complete this form in duplicate or   | riginal for personnel file, dup  | licate will be returned.   |     |
| t.   | Is this a graduate or underg<br>(Salary schedule credit will only be granted tow   | raduate course? (Checard graduate level courses.)  | ck one)  |     |
| 2.   | Is this course required to remove co   | ertification deficiencies?   | Yes No X   |     |
| 3.   | Have you previously taken training   | g which this course duplicates   | ? Yes No <u>X</u>  |     |
| 4.   | Are you pursuing a graduate degree If "Yes", answer number 5 & 6. If   |  | Yes No _X_   |     |
| 5.   | If you are in a MA program, have<br>well as your list of core courses to<br>(If you answered 'No' when will w  | Assoc. Supt for Admin?   |  | as  |
|  |  |  |  |     |
| 6.   | How many semester hours do you i   | have toward earning your adv   | /anced degree?   |     |
| 6.<br>7.   | How many semester hours do you i<br>How many semester hours do you i   |  |  |     |
|  |  | have beyond your B.A. +  | or M.A. + 9  |     |
| 7.   | How many semester hours do you de How many semester hours do you de  | have beyond your B.A. +  | or M.A. + 9  | )   |
| 7.<br>8.   | How many semester hours do you in the How many semester hours do you on Course No.   | have beyond your B.A. +expect to earn from this cours  | or M.A. + 9 se? Sem. 3   | )   |
| 7.<br>8.   | How many semester hours do you on Course No.  Please describe the course as given  | have beyond your B.A. +expect to earn from this cours  Title of Course  Self-directed L in the college catalog.  | or M.A. + 9 se? Sem. 3  Dates of course (do NOT indicate ONLINE Parning 7/10 - 8/10                                      | )   |
| 7.  8.  Institution  9.  | How many semester hours do you on Course No.  Course No.  Please describe the course as given  Self-directed   | have beyond your B.A. +expect to earn from this cours  Title of Course  Self-directed L  in the college catalog.   | or M.A. + 9 se? Sem 3  Dates of course (do NOT indicate ONLINE   | )   |
| 7.<br>8.   | How many semester hours do you on Course No.  Please describe the course as given  | have beyond your B.A. +expect to earn from this course  Title of Course  Scif-directed Lein the college catalog.  Light of Course the course.  | or M.A. + 9 se? Sem. 3  Dates of course (do NOT indicate ONLINE Parning 7/10 - 8/10                                      | )   |
| 7. 8. Institution 9.   | How many semester hours do you on Course No.  Course No.  Please describe the course as given  Please give your reason for taking the Course of the Course o | have beyond your B.A. +expect to earn from this cours  Title of Course  Self-directed L  in the college catalog.   | or M.A. + 9 se? Sem. 3  Dates of course (do NOT indicate ONLINE Parning 7/10 - 8/10                                      | )   |
| 7. 8. Institution 9.   | How many semester hours do you on Course No.  Course No.  Please describe the course as given  Please give your reason for taking to the course of the cours | have beyond your B.A. +expect to earn from this course  Title of Course  Scif-directed Lein the college catalog.  Light of Course the course.  | or M.A. + 9 se? Sem. 3  Dates of course (do NOT indicate ONLINE Parning 7/10 - 8/10                                      | )   |
| 7. 8. Institution 9.   | How many semester hours do you on Course No.  Course No.  Please describe the course as given  Please give your reason for taking to the course of the cours | the course.  | or M.A. + 9 se? Sem. 3  Dates of course (do NOT indicate ONLINE Parning 7/10 - 8/10                                      | )   |
| 7. 8. Institution 9. 10. Approx  | How many semester hours do you on Course No.  Course No.  Course No.  Please describe the course as given Please give your reason for taking the course of t | the course.  School year, teachers will of the service of the serv | or M.A. + 9  se? Sem 3  Dates of course (do NOT indicate ONLINE  Parpire 7/10 - 8/10  A classroom  Setting  ive Services | urs |
| 7. 8. Institution 9. 10. Approximately and the second seco | How many semester hours do you on Course No.  Course No.  Course No.  Please describe the course as given Please give your reason for taking the course of t | the course.  School year, teachers will of corm does not necessarily gu  | or M.A. + 9 se? Sem 3  Dates of course (do NOT indicate ONLINE  Parpirt 7/10 - 8/10  A Classroom  Setting  ive services  | urs |
| 7. 8. Institution 9. 10. Approximately and the second seco | How many semester hours do you on Course No.  Course No.  Please describe the course as given Please give your reason for taking the course as given (Date)  Assume that Note: Effective the 2009/2010 their Masters. Approval of this formula to the course as given (Date)   | the course.  School year, teachers will of corm does not necessarily gu  | or M.A. + 9  se? Sem 3  Dates of course (do NOT indicate ONLINE  Parpire 7/10 - 8/10  A classroom  Setting  ive Services | urs |

10/6/2009

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| 1)/   | ayll. cobs   | C.F   | 1 1 1 1 1 A  | -Arrayan s                            |
|---|--|---|--|---------------------------------------|
| (Tea  | cher's Name)   | ( 1   | Building   | Date Submitted                        |
|   | Source   | 1700185   |  |                                       |
| Subje   | ect Areas You C  | urrently Teach  |  |                                       |
| Is th   | is course <u>Direc</u>                                 | t Instruction or an C                                   | ONLINE Course? (circle   | one)                                  |
| Are y   | you currently <u>T</u>                                 | ENURE or NON-TE   | NURE in District 308?  | (circle one)                          |
| All c   | oursework must   | receive prior approv                                    | al before salary schedule a  | idvancement will be granted.          |
| Pleas   | se <u>complete this</u>                                | form in duplicate                                       | original for personnel file,   | duplicate will be returned.           |
| 1.  | Is this a grad   | luate or under  | graduate course? (   |                                       |
| 2.  | Is this course   | required to remove                                      | certification deficiencies?  | Yes No                                |
| 3.  | Have you pro   | eviously taken trainin                                  | g which this course duplic   | cates? Yes No                         |
| 4.  |  | suing a graduate degre<br>swer number 5 & 6. 1          |  | Yes No                                |
| 5. If you are in a MA program, have you provided your college acceptant well as your list of core courses to Assoc. Supt for Admin? Yes (If you answered 'No' when will we receive it?) |  |   |  | Yes No                                |
| 6.  | How many s   | emester hours do you                                    | have toward earning you  | r advanced degree?                    |
| 7.  | How many s   | emester hours do you                                    | have beyond your B.A. +  | or M.A. +                             |
| 8.  | How many se  | emester hours do you                                    | expect to earn from this o   | course? Sem                           |
| <u>Institu</u>  | tion   | Course No.  | Title of Course  | Dates of course (do NOT indicate ONI. |
| me C  | Iniversity   | 711 R   | The Colollar 1910  | WHERE Spring 2010 Nor-h               |
|   | T.   |   |  |                                       |
| 9.  | Mucrouse   | traces the  | n in the college catalog. (N. 2517 324 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7   | lejourts which in the                 |
| 9.<br>10.   | Please give y  | traces the  | the course.  | 1 choose to which in the              |
| 10.   | Please give y  | your reason for taking                                  | the course.  | M. Colvin                             |
| 10.   | Please give y  | your reason for taking                                  | the course.  | M. Colvin                             |
| Appr  | Please give y Enhance  oved/Disapprov  ortant Note: Ef | your reason for taking yed 3/10/10 (Date)  A  (Date)  A | the course.  Section of the course.  Section of the course.  Section of the course of the course.  Section of the course of the course of the course.  Section of the course of the course of the course.  Section of the course o | M. Colvin                             |

| De.        | al Ledborer  | 0.5   | 115               | 3/0/11  |
|------------|--|---|-------------------|---|
| (Teach     | er's Name)   | Build   | ling              | Date Submitted  |
| Sec        | ich Studies  |   |                   |   |
| Subjec     | t Areas You Currently Teac   | ch  |                   |   |
| Is this    | course <u>Direct Instruction</u>   | or an ONLINE Co                                 | urse? (circle o   | ne)   |
| Are yo     | u currently <u>TENURE</u> or <u>N</u>  | ION-TENURE in Di                                | strict 308? (     | circle one)   |
| All cou    | rsework must receive prior   | r approval before sal                           | ary schedule ad   | dvancement will be granted.   |
| Please     | complete this form in dup  | olicate original for p                          | ersonnel file, d  | duplicate will be returned.   |
| 1.         | Is this a graduate X (Salary schedule credit will only be                            | or undergraduate<br>granted toward graduate lev | course? (C        | Theck one)  |
| 2.         | ls this course required to a   | remove certification                            | deficiencies?     | Yes No <u></u>  |
| 3.         | Have you previously take   | n training which this                           | course duplica    | ates? Yes No  |
| 4.         | Are you pursuing a gradual If "Yes", answer number                                   |   | No. 7.            | Yes No  |
| 5.         | If you are in a MA progr<br>well as your list of core co<br>(If you answered 'No' wh | ourses to Assoc. Sup                            | t for Admin?      |   |
| 6.         | How many semester hours  | s do you have toward                            | d earning your    | advanced degree?  |
| 7.         | How many semester hours  | s do you have beyon                             | d your B.A. +     | or M.A. + _   |
| 8.         | How many semester hours  | s do you expect to ea                           | ırıı from this co | ourse? Sem. 3   |
| Institutio | n Course No.   | Title o   | f Course          | Dates of course (do NOT indicate ONLINE)  |
| Laver      | ne Chursil, EDUC   | 7119 The  | Cold War          | 1945 Spring 2010 Mai - June   |
| 9.         | Please describe the course This course to  | aces the initio                                 | ge catalog.       | of the Cold War ists congins would not  |
| 10.        | Please give your reason for  | or taking the course.                           | Todel             | M Cli   |
| Approv     | ed/bisapproved (Date)  | Associate Sur                                   | ot. for Adminis   | trative Services  |
| •••••      |  |   |                   |   |
| beyone     |  | of this form does i                             |                   | ill only be allowed a maximum of 32 online hours guarantee credit toward salary movement if the |
| 1/1        | Ry.  |   |                   |   |
|            | er signafuré (all forms mu<br>PPROVAL REQUESTIBINDOC                                 | st be signed)                                   |                   |   |

10/6/2009

| Dera                                    | Lahne                              |  | CHITS  | 3/2/10   |
|---|------------------------------------|--|--|--|
| (Teach                                  | er's Name)                         |  | Building   | Date Submitted   |
|   | ocice!                             | Sto Wilson   |  |  |
| Subject                                 | t Areas You (                      | Currently Teach  | -  |  |
| Is this                                 | course <u>Direc</u>                | <u>et Instruction</u> or an <u>O</u>   | NLINE Course? (circle  | one)   |
| Are yo                                  | u currențiy ]                      | TENURE or NON-TE   | NURE in District 308?  | (circle one)   |
| All cou                                 | rsework mus                        | t receive prior approva  | al before salary schedule a  | dvancement will be granted.  |
| Please                                  | complete thi                       | s form in duplicate  | original for personnel file,   | duplicate will be returned.  |
| 1.                                      | Is this a grad<br>(Salary schedule | duate or undergood | graduate course? (0  | Check one)   |
| 2.                                      | Is this cours                      | e required to remove o   | ertification deficiencies?   | Yes No   |
| 3.                                      | Have you pr                        | reviously taken trainin  | g which this course duplic   | ates? Yes No   |
| 4.                                      |                                    | suing a graduate degre<br>swer number 5 & 6. 1   |  | Yes No <del>_</del>  |
| 5.                                      | well as your                       | list of core courses to  | re you provided your coll<br>Assoc. Supt for Admin?<br>we receive it?) | ege acceptance letter into this Master's program as Yes No   |
| 6.                                      | How many s                         | semester hours do you  | have toward earning your   | advanced degree?   |
| 7.                                      | How many s                         | semester hours do you  | have beyond your B.A. +  | or M.A. +  |
| 8.                                      | How many s                         | semester hours do you  | expect to earn from this c   | ourse? Sem3  |
| Institutio                              | n                                  | Course No.   | Title of Course  | Dates of course (do NOT indicate ONLINE)   |
| Lutine                                  | Unichity                           | EDUC 7/12  | Terrorism - Ruit   | and varieties of Tannon Com  |
| 9.                                      | Please descr                       | ibe the course as giver  | in the college catalog.  | , and varieties of Tannon for  |
| 10.                                     | Please give                        | your reason for taking   |  | istanding of the Poil 9-11 work  |
| Арргоч                                  | ed Disapprov                       | red 3/10/10 _  | ssociate Supt. for Admini  | M Charles  |
| *************************************** | *****************                  |  |  |  |
| beyond                                  | their Maste                        | ffective the 2009/201<br>rs. Approval of this<br>ours (32) has been ob   | form does not necessaril   | ill only be allowed a maximum of 32 online hours<br>y guarantee credit toward salary movement if the |
|   | 1//                                | -71 - 52   |  |  |
| Teache                                  | r signature (                      | all forms must be sig  | (ned)  |  |

10/6/2009

Univ.

# OSWEGO COMMUNITY UNIT SCHOOL DISTRICT 308 REQUEST FOR APPROVAL OF COURSE WORK (Only 1 class per form) (All areas on this form must be completed or it will be returned to you)

| I            | DEROL LEUBNER OUTS 1/36/10  | Pro smailed.   |
|--------------|---|--|
| (Teac        | eacher's Name) Building Date Submitte   | T TON CONTROL  |
| Subje        | bject Areas You Currently Teach   | from TC<br>2/10  |
|              |   | GLOVE Y  |
|              | this course Direct Instruction or an ONLINE Course? (circle one)  | 7/10   |
|              | e you currently TENURE or NON-TENURE in District 308? (circle one)  | 7  |
|              | coursework must receive prior approval before salary schedule advancement will be   | •  |
| Please       | ease <u>complete this form in duplicate</u> original for personnel file, duplicate will be re   | turned.  |
| 1.           | Is this a graduate or undergraduate course? (Check one) (Salary schedule credit will only be greated toward graduate level courses.)  |  |
| 2.           | Is this course required to remove certification deficiencies?  Yes  | No _ <b>X</b>  |
| 3.           | Have you previously taken training which this course duplicates? Yes_   | No 💥   |
| 4.           | Are you pursuing a graduate degree?  Yes _ If "Yes", answer number 5 & 6. If "No", go to No. 7.   | NoX  |
| 5.           | If you are in a MA program, have you provided your college acceptance lett well as your list of core courses to Assoc. Supt for Admin?  Yes No (If you answered 'No' when will we receive it?)              | er into this Master's program as                             |
| 6.           | How many semester hours do you have toward earning your advanced degree?  |  |
| 7.           | How many semester hours do you have beyond your B.A. + or M.A. +  | 15 Cas of August   |
| 8.           | How many semester hours do you expect to earn from this course? Sem   | <u>3</u> 2010,   |
| Instituti    | Dates U   | Course (do NOT indicate ONLINE)                              |
| off          | Laturne EDUC 710C the Multicultural 7   | 01/8-01  |
| 9.           | Please describe the course as given in the college catalog.   |  |
|              | Ditensity Study   |  |
| 10.          | Please give your reason for taking the course.  Professional Development  |  |
| Appro        | proved/Disapproved  |  |
|              | (Date) Associate Supt. for Administrative Services  | 2  |
| ************ |   | *********  |
| beyon        | nortant Note: Effective the 2009/2010 school year, teachers will only be allowed and their Masters. Approval of this form does not necessarily guarantee credit (kimum online/hours (32) has been obtained. | a maximum of 32 online hours<br>oward salary movement if the |
| 1            | 1 11  |  |
| Veach        | ther signature (all forms must be signed)   |  |
| 10/6/2009    | SE APPROPAL REQUESTES DOC   |  |

|         | ery/ Leubner  | OHS                                  | 1-12-62                                 |  |  |
|---------|---|--------------------------------------|---|--|--|
| (Teach  | eacher's Name) Building Date S  |                                      |   |  |  |
| grante  | All coursework must receive prior approval before salary schedule advancement will be granted. Please complete this form in duplicate: original for personnel file, duplicate will be returned. |                                      |   |  |  |
| 1.      | Is this a graduate or undergrad   | uate course? (Check one              | <del>e</del> )                          |  |  |
| 2.      | Is this course required to remove cer   | tification deficiencies?             | Yes No                                  |  |  |
| 3.      | Have you previously taken training  | which this course duplicates?        | Yes No                                  |  |  |
| 4.      | Are you pursuing a graduate degree If "Yes", answer number 5 & 6. If "  |                                      | Yes No                                  |  |  |
| 5.      | Has your graduate degree program badvisor and placed on file with the   |                                      | Yes No                                  |  |  |
| 6.      | How many semester hours do you have toward earning your advanced degree?  |                                      |   |  |  |
| 7.      | How many semester hours do you h  | ave beyond your B.A. + $\frac{Q}{Q}$ | or M.A. +                               |  |  |
| 8.      | How many semester or quarter hour   | s do you expect to earn from         | this course? Sem. 2 Qtr                 |  |  |
| 9.      | (Please use a separate sheet for each   |                                      | Semester or                             |  |  |
| Institu | tion Course No.   | Title of Course                      | dates of course                         |  |  |
|         | 707   | Inclusion                            | 4/2-6/1                                 |  |  |
| 01      | v-et  | Special Needs                        |   |  |  |
| 10.     | Please describe the course as given   | in the college catalog.              |   |  |  |
| 11.     | Please give your reason for taking the  | ne course.                           |   |  |  |
|         | Masters Regree  | 101                                  |   |  |  |
| Appro   | Oved/Disapproved 2/04/07 (Date)   | Asst. Supt. for Administrat          | ion                                     |  |  |
|         | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |                                      | *************************************** |  |  |
|         | ffice use only. cript received  |                                      |   |  |  |
|         | d on records  |                                      |   |  |  |

| (Teach        | ner's Name  | Leubner )  | Building   | Date Submitted              |    |  |
|---------------|---|--|--|-----------------------------|----|--|
| grante        | All coursework must receive prior approval before salary schedule advancement will be granted. Please complete this form in duplicate: original for personnel file, duplicate will be returned. |  |  |                             |    |  |
| 1.            | Is this a g   | raduate V or undergr                             | aduate course? (Check                              | one)                        |    |  |
| 2.            | Is this cou   | arse required to remove                          | certification deficiencies?                        | Yes No                      | _  |  |
| 3.            | Have you  | previously taken trainir                         | ng which this course duplicat                      | tes? Yes No                 | _  |  |
| 4.            |   | oursuing a graduate degr<br>answer number 5 & 6. |  | Yes No                      | _  |  |
| 5.            |   |  | n been approved by your cole Asst. Superintendent? | llege<br>Yes No             | _  |  |
| 6.            |   |  | a have toward earning your                         | 7                           |    |  |
| 7.            | How man   | y semester hours do you                          | u have beyond your B.A. +_                         | 2 or M.A. +                 | _  |  |
| 8.            | How man   | y semester or quarter ho                         | ours do you expect to earn fr                      | rom this course? Sem. 3 Qtr | _  |  |
| 9.<br>Institu | (Please us  | se a separate sheet for ea<br>Course No.         | -  | Semester or dates of course |    |  |
| <b>△</b> [ •  | et  | 7.06   | 361  | ement 1/22-3/2              | 21 |  |
| 10.           | Please de   | scribe the course as give                        | en in the college catalog.                         |                             |    |  |
| 11.           | Please giv  | ve your reason for taking                        | g the course.                                      |                             |    |  |
|               | 1   | Masters Dea                                      | ree 1  |                             |    |  |
| Appro         | ved/Disapp  | proved <u>2/4/07</u>                             | Monty  |                             |    |  |
|               |   | (Date)   | (Asst. Sup). for Adminis                           | stration                    |    |  |
| Trans         | ffice use on<br>cript receiv<br>d on record   | ed   |  |                             |    |  |

| (Teach               | Deryl Leubner  ver's Name)  | 6HS<br>Building  | 16 50 Date Submitted                        |
|----------------------|---|--|---|
|                      | ursework must receive prior approval be                                     | · ·  |   |
| Please               | complete this form in duplicate origin                                      | nal for personnel file, duplic                           | cate will be returned                       |
| 1                    | Is this a graduate or undergradua   | te course? (Check one                                    | a)  |
| 2                    | Is this course required to remove certif                                    | fication deficiencies?                                   | Yes No                                      |
| 3                    | Have you previously taken training wh                                       | ich this course duplicates?                              |   |
| 4                    | Are you pursuing a graduate degree? If "Yes", answer number 5 & 6. If "N    | o", go to No. 7  | Yes No                                      |
| 5                    | Has your graduate degree program becadvisor and placed on file with the Ass |  | YesNo                                       |
| 6.                   | How many semester hours do you hav  |  |   |
| 7                    | How many semester hours do you hav  | re beyond your B.A. + $\int_{-L}^{L}$                    | or M.A. +                                   |
| 8_                   | How many semester or quarter hours  | do you expect to earn from                               | this course? Sem Qtr                        |
| 9.<br><u>Institu</u> | (Please use a separate sheet for each c                                     | ourse.)<br>Title of Course                               | Semester or dates of course                 |
| 10.                  | Please describe the course as given in                                      | Instructional<br>Strategies: Mod<br>the college catalog. | 9/12-10/27<br>rels of Effective<br>Teaching |
| 11.                  | Please give your reason for taking the                                      | course.  | hen   |
| Appro                | Oved/Disapproved(Date)  | Asst. Supt. for Administrat                              | ion   |
|                      |   |  |   |
| Trans                | ffice use only. cript received d on records                                 |  |   |

| (Teac         | Dery L<br>her's Name)   | eubner  | OHS<br>Building  | Date Submitted                          |          |  |  |
|---------------|---|---|--|---|----------|--|--|
| grante        | oursework n<br>ed. Please <u>c</u> u<br>urned.                        | nust receive prior a omplete this form i      | approval before salary sched<br>in duplicate: original for per | ule advancement will h                  | œ<br>ili |  |  |
| l.            | Is this a gra   | aduate <u></u> or under                       | rgraduate course? (Checl                                       | cone)                                   |          |  |  |
| 2.            | Is this course required to remove certification deficiencies?  Yes No |   |  |   |          |  |  |
| 3.            | Have you p  | reviously taken train                         | ning which this course duplica                                 | tes? Yes No                             | _        |  |  |
| 4.            |   | rsuing a graduate de<br>nswer number 5 & 6    | gree?<br>. If "No", go to No. 7.                               | Yes No                                  | -        |  |  |
| 5.            | Has your gr<br>advisor and  | raduate degree progr<br>l placed on file with | ram been approved by your co                                   | llege<br>Yes No                         | _        |  |  |
| 6.            | How many  | semester hours do y                           | ou have toward earning your                                    | advanced degree? 15                     | _        |  |  |
| 7.            | How many  | semester hours do y                           | ou have beyond your B.A. +                                     | 15_ or M.A. +                           | _        |  |  |
| 8.            | How many  | semester or quarter                           | hours do you expect to earn fr<br>total, for a, b+c            | om this course? Sem.3 Qtr               |          |  |  |
| 9.<br>Institu |   | a separate sheet for<br>Course No.            | each course.) Title of Course                                  | Semester or dates of course             |          |  |  |
| lix-          | et U.   | - ·   | Callaborative Ac   | 7                                       |          |  |  |
| 10.           | Please desc   | ribe the course as gi                         | ven in the college catalog.                                    |   |          |  |  |
| 11.           | Please give   | your reason for taki<br>Master's              | _  |   |          |  |  |
| Appro         | ved/Disappro  |   | Keny ! For   | bisu )                                  |          |  |  |
|               |   | (Date)  | Asst. Supt. for Administ                                       | ration                                  |          |  |  |
| Trans         | ffice use only<br>cript received<br>d on records _                    |   |  | *************************************** |          |  |  |

|       |        | FRUL LEU<br>ner 3 Name)                 | BNER                | OHS-<br>Building  | 4-1701<br>Date Submitted         |
|-------|--------|---|---------------------|---|----------------------------------|
|       |        | d. Please <u>complete</u>               |                     | val before salary schedule a<br><u>Dlicate</u> : original for personn |                                  |
|       | l.     | Is this a graduate _                    | or undergradu       | ate course? (Check one  | )                                |
|       | 2.     | Is this course requi                    | red to remove cert  | ification deficiencies?   | Yes No                           |
|       | 3.     | Have you previous                       | ly taken training w | which this course duplicates?   | Yes No                           |
|       | 4.     | Are you pursuing a If "Yes", answer no  |                     |   | Yes No                           |
|       | 5.     |   |                     | een approved by your college<br>sst. Superintendent?                  | Yes No                           |
|       | 6.     | How many semeste                        | r hours do you ha   | ve toward earning your adva   | nced degree? $9.0$               |
|       | 7.     | How many semeste                        | er hours do you ha  | ve beyond your B.A. $+ \frac{9}{100}$                                 | O or M.A. +                      |
|       | 8.     | How many semeste                        | er or quarter hours | do you expect to earn from t  | his course?<br>Sem. <u>3</u> Qtr |
|       | _      | (Please use a separation Cou            | rse No.             | course.) Title of Course Obliaborative                                | Semester or dates of course      |
| Olive | t U    | niv. El                                 | 703A                | Action Procarch   | 7/23-8/13                        |
|       | 10.    | Please describe the                     | course as given in  | the college catalog.  |                                  |
|       | 11.    | Please give your re                     |                     | - 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                               | 11. 70.                          |
|       | Appro  | Master<br>ved/Disapproved_              | S Legre             |   |                                  |
|       |        | <i>_</i>                                | (Date)              | Asst. Supt. for Administration  | on<br>                           |
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| Do          | ery/Lew                                | bner                                   | OHS   | 5/17/99   |
|-------------|--|--|---|---|
| ,           | ner's Name)                            |  | Building  | Date Submitted  |
| grante      | d. Please <u>comp</u><br>urned.        | lete this form in                      | dublicate: original for po                        | lule advancement will be rsonnel file, duplicate will |
| 1.          | Is this a gradua                       | te 🔼 or undergr                        | aduate course? (Chec                              |   |
| 2.          | Is this course re                      | equired to remove                      | certification deficiencies?                       | Yes No  |
| 3.          | Have you previ                         | iously taken traini                    | ng which this course duplic                       | cates? Yes No   |
| 4.          | If "Yes", answ                         |  | It "No", go to No. 7.                             | Yes No  |
| 5.          | advisor and pla                        | aced on file with the                  | m been approved by your one Asst. Superintendent? |   |
| 6.          | How many ser                           | nester hours do yo                     | u have toward earning you                         | r advanced degree?                                    |
| 7.          |  |  |   | + O or M.A. +   |
| 8.          | How many sen                           | mester or quarter h                    | ours do you expect to earn                        | from this course?  Sem. 2 Qtr                         |
| 9.<br>Insti | (Please use a stution                  | separate sheet for o                   | each course.) Title of Course                     | Semester or dates of course                           |
| Rock-fo     | and College                            | 5/4                                    | Educational<br>Foundation                         | ms 10/16 - 7/9  |
| 10.         | Please describ                         | oe the course as gi                    | ven in the college catalog.                       | 1 ships   |
| 10.         | Stady                                  | of Educ                                | ven in the college catalog.                       | Foundations   |
| 11.         | Dleace give V                          | our reason for taki                    | ng the course.                                    |   |
| Credit      | burd Mas                               | ters Do                                | gille Gordon                                      | Ovorthunite   |
| App         | proved Disapprov                       | (Date)                                 | Asst. Supt. for Adm                               | inistration   |
|             |  | ······································ | -   | *************************************                 |
| For         | office use only.                       |  |   |   |
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| _           |  |  |   |   |

| (Teacher               | r's Name)  | Building                             | 4-23-99<br>Date Submitted   |
|------------------------|--|--------------------------------------|-----------------------------|
| granted.<br>be return  |  | : original for personn               | el file, duplicate will     |
|                        | Is this a graduate or undergraduate  |                                      | No.                         |
|                        | Is this course required to remove certification  |                                      |                             |
| 3. I                   | Have you previously taken training which t   | his course duplicates?               | Yes No                      |
| 4.                     | Are you pursuing a graduate degree?<br>If "Yes", answer number 5 & 6. If "No", g         | o to No. 7.                          | Yes No                      |
| 5. I                   | Has your graduate degree program been ap<br>advisor and placed on file with the Asst. Su | proved by your college perintendent? | Yes No                      |
| 6, 1                   | How many semester hours do you have to   | vard earning your adva               | nced degree?                |
| 7. 1                   | How many semester hours do you have be   | ond your B.A. +                      | or M.A. +                   |
| 8.                     | How many semester or quarter hours do yo   | u expect to earn from t              | his course? Sem Qtr         |
| 9.<br><u>Instituti</u> | (Please use a separate sheet for each course on Course No. Title                         | e.)<br>of Course                     | Semester or dates of course |
| Rock                   | Ford ED 586 PRO  | SEAT TEACH                           | 8/2-8/4                     |
| ,—                     | Please describe the course as given in the course of Sk                                  | zillful.d                            | assi som<br>monagened       |
| 11.                    | Please give your reason for taking the cour  | 11 1 1                               | Degree                      |
| Approv                 | red/Disapproved (Date)  APR 2 8 1999 Asst.   | Supt. for Administrati               | on                          |
| Transci                | ript received  |                                      |                             |

|                              | ery L-cubner  ner's Name)   | Building   | A-23.99 Date Submitted                         |
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| All co<br>granted<br>be retu | oursework must receive prior approved. Please complete this form in dup<br>transaction.   | al before salary schedule a<br>blicate: original for personn | advancement will be<br>el file, duplicate will |
| t <sub>e</sub>               | Is this a graduate or undergradu  |  |  |
| 2.                           | Is this course required to remove cert  | ification deficiencies?                                      | Yes No   |
| 3.                           | Have you previously taken training w  | hich this course duplicates?                                 | _  |
| 4.                           | Are you pursuing a graduate degree? If "Yes", answer number 5 & 6. If "?  | No", go to No. 7.  | Yes No   |
| 5.                           | Has your graduate degree program be advisor and placed on file with the A   | een approved by your college<br>sst. Superintendent?         | YesNo  |
| 6.                           | How many semester hours do you ha   | ve toward earning your adva                                  | nced degree?                                   |
| 7.                           | How many semester hours do you ha   | ve beyond your B.A. +  | or M.A. +                                      |
| 8.                           | How many semester or quarter hours  | do you expect to earn from t                                 | this course? Sem Qtr                           |
| 9.<br>Institu                | (Please use a separate sheet for each tion Course No.   | course.) Title of Course                                     | Semester or dates of course                    |
|                              | end Odl. ED 582   | Teaching themselve   | 6/14-6/18                                      |
| 10.                          | Please describe the course as given in  | n the college catalog.                                       | M. o Shart S                                   |
| W<br>11.                     | Places give your reason for taking the  | ng of teaching   | Merren   |
| 11.                          | Please describe the course as given in the Brain learning the Please give your reason for taking the Credit to the APR 2 8 1999  Oved/Disapproved | d Masters  | Degree   |
| Appro                        | APR 2 8 1999<br>oved/Disapproved  | Acrem Ostosiku   | aite   |
| Прри                         | (Date)  | Asst. Supt. for Administrati                                 | on   |
| Trans                        | ffice use only. cript received d on records   |  |  |

| Teacher's Name)  | Building                                    | Date Submitted              |
|--|---|-----------------------------|
| All coursework must receive prior approval to granted. Please complete this form in duplicate be returned. | ate: original for perso                     | onnel file, duplicate will  |
| 1. Is this a graduate or undergraduate   | course? (Check of                           | 11                          |
| 2. Is this course required to remove certificate   |   | Yes No                      |
| 3. Have you previously taken training which  | h this course duplicate                     |                             |
| 4. Are you pursuing a graduate degree?  If "Yes", answer number 5 & 6. If "No".                            | , go to No. 7.                              | Yes No                      |
| <ol> <li>Has your graduate degree program been advisor and placed on file with the Asst.</li> </ol>        | approved by your collessing superintendent? | Yes No X                    |
| 6. How many semester hours do you have t   | oward earning your ad                       | ivanced degree?             |
| 7. How many semester hours do you have b   | peyond your B.A. +_                         | or M.A. +                   |
| 8. How many semester or quarter hours do   | you expect to earn fro                      | m this course? Sem Qtr      |
| 9. (Please use a separate sheet for each cour- Institution Course No. Tit                                  | le of Course                                | Semester or dates of course |
| Pockford ED 589 Mu   | Hiple Intellig                              | mes 89-13                   |
| 10. Please describe the course as given in the   | cts, portfo                                 | 1165, Live even             |
| 11. Please give your reason for taking the co  | 1 A   | 2000                        |
| Gridit Loward  | Zorden Drasta                               | waite Degree                |
| Approved/Disapproved (Date)  | st. Supt. for Administr                     | ration                      |
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| 1                   | eryl L   | -eubnet  | GHS  | 1-16-01                        |
|---------------------|--|--|--|--------------------------------|
| (Teac               | her's Name)  |  | Building   | Date Submitted                 |
| grante              |  |  | oval before salary schedule<br>aplicate: original for person |                                |
| 1.                  | Is this a grad                                       | luate <u>X</u> or undergrad                      | luate course? (Check or                                      | ne)                            |
| 2.                  |  |  |  | Yes No X                       |
| 3.                  | Have you pr  | eviously taken training                          | which this course duplicates                                 | ? Yes No                       |
| 4.                  |  | suing a graduate degree<br>swer number 5 & 6. If |  | Yes No                         |
| 5.                  |  | aduate degree program by placed on file with the | been approved by your colleg<br>Asst. Superintendent?        | yes No                         |
| 6.                  |  |  | nave toward earning your adv                                 |                                |
| 7.                  | How many s   | semester hours do you h                          | nave beyond your B.A. + 6                                    | or M.A. +                      |
| 8.                  | How many s   | semester or quarter hou                          | rs do you expect to earn from                                | n this course?<br>Sem. 3,0 Qtr |
| 9.<br><u>Instit</u> | •  | a separate sheet for each<br>Course No.          | Title of Course  | Semester or dates of course    |
| ملك                 | 144  | 107 13   | Technology   | 315-517                        |
| 10.                 | Please descr   | ibe the course as given                          | in the college catalog.                                      |                                |
| 11.                 | Please give  | your reason for taking t                         | he course.   |                                |
| Appr                | Mast-<br>oved Disappro                               | ers Degree<br>oved NAM 16 2001<br>(Date)         | Asst. Supt. for Administra                                   | tion                           |
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|                     | her's Name)  | eubner                                | Building   | Date Submitted              |  |  |
|---------------------|--|---------------------------------------|--|-----------------------------|--|--|
| All c               | oursework m  |                                       | roval before salary schedule<br><u>luplicate</u> : original for person |                             |  |  |
| 1.                  | Is this a grad   | duate X or undergra                   | aduate course? (Check on   | e)                          |  |  |
| 2.                  | Is this cours  | e required to remove o                | certification deficiencies?  | Yes No                      |  |  |
| 3.                  | Have you previously taken training which this course duplicates? Yes No  |                                       |  |                             |  |  |
| 4.                  | Are you pursuing a graduate degree?  If "Yes", answer number 5 & 6. If "No", go to No. 7.  |                                       |  |                             |  |  |
| 5.                  | Has your graduate degree program been approved by your college advisor and placed on file with the Asst. Superintendent?  Yes No |                                       |  |                             |  |  |
| 6.                  | How many semester hours do you have toward earning your advanced degree?   |                                       |  |                             |  |  |
| 7.                  | How many semester hours do you have beyond your B.A. + (o.O) or M.A. +   |                                       |  |                             |  |  |
| 8.                  | How many semester or quarter hours do you expect to earn from this course?  Sem. 3.0 Qtr   |                                       |  |                             |  |  |
| 9.<br><u>Instit</u> | •  | a separate sheet for ea<br>Course No. | ch course.) Title of Course  | Semester or dates of course |  |  |
| نلد                 | vet  | Ed. 700                               | Mativation + Instruction   | 1-8-2-26                    |  |  |
| 10.                 | Please descr   | ribe the course as give               | n in the college catalog.  |                             |  |  |
| 11.                 | Please give  | your reason for taking                | the course.  |                             |  |  |
| Appr                | roved/Disappro   | oved JAN 16 2001<br>(Date)            | Asst. Supt. for Administrat  | blewaite<br>ion             |  |  |
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|       | (Teach                      | ERYL LEUBNER<br>er's Name)  | OHS<br>Building                     | 4-17-0] Date Submitted           |  |
|-------|-----------------------------|---|-------------------------------------|----------------------------------|--|
|       |                             | ursework must receive prior approva<br>i. Please complete this form in dupl<br>med. |                                     |                                  |  |
|       | 1.                          | Is this a graduate or undergradua   | te course? (Check one               | )                                |  |
|       | 2.                          | Is this course required to remove certification                                     | fication deficiencies?              | Yes No                           |  |
|       | 3.                          | Have you previously taken training wh   | nich this course duplicates?        | Yes No                           |  |
|       | 4.                          | Are you pursuing a graduate degree? If "Yes", answer number 5 & 6. If "N            | o", go to No. 7.                    | Yes No                           |  |
|       | 5.                          | Has your graduate degree program bee<br>advisor and placed on file with the Ass     |                                     | Yes No                           |  |
|       | 6.                          | How many semester hours do you hav  | e toward earning your adva          | nced degree? $9.0$               |  |
|       | 7.                          | How many semester hours do you hav  | e beyond your B.A. + $\frac{q_r}{}$ | <u>O</u> or M.A. +               |  |
|       | 8.                          | How many semester or quarter hours of   | lo you expect to earn from t        | his course?<br>Sem. <u>3</u> Qtr |  |
|       | 9.<br>Institut              | (Please use a separate sheet for each con Course No.                                | ourse.)<br>Title of Course          | Semester or dates of course      |  |
| Thire | + W                         | niv. ED 702   | Styles: Multiple                    | 5/14-7/14                        |  |
|       | 10.                         | Please describe the course as given in  | the college catalog.                |                                  |  |
|       |                             | Abore   | *                                   |                                  |  |
|       | 11.                         | Please give your reason for taking the  | course.                             | wite                             |  |
|       | Mastus Degregoran Madawaite |   |                                     |                                  |  |
|       | Appro                       | ved/Disapproved APR 1 n 2001 (Date)   | Asst. Supt. for Administration      | on                               |  |
|       | Transc                      | fice use only. ript received on records   |                                     |                                  |  |

| (Teache   | ng Leubner<br>er (Name)  | SHS<br>Building                | 8-30-00<br>Date Submitted   |  |  |
|---|--|--------------------------------|-----------------------------|--|--|
| All coursework must receive prior approval before salary schedule advancement will be granted. Please complete this form in duplicate: original for personnel file, duplicate will be returned. |  |                                |                             |  |  |
| ١.  | Is this a graduate or undergraduate  | ate course? (Check one         | )                           |  |  |
| 2.  | Is this course required to remove certi-                                   | fication deficiencies?         | Yes No                      |  |  |
| 3.  | Have you previously taken training w                                       | hich this course duplicates?   |                             |  |  |
| 4.  | Are you pursuing a graduate degree? If "Yes", answer number 5 & 6. If "N   | No", go to No. 7.<br>ソモ        | Yes No                      |  |  |
| 5.  | Has your graduate degree program be advisor and placed on file with the As | en approved by your college    |                             |  |  |
| 6.  | How many semester hours do you have  | ve toward earning your advan   | nced degree?                |  |  |
| 7.  | How many semester hours do you ha  | ve beyond your B.A. +          | or M.A. +                   |  |  |
| 8.  | How many semester or quarter hours   | do you expect to earn from t   | his course? Sem3 Qtr        |  |  |
| 9.<br><u>Institu</u> t  |  | course.)<br>Title of Course    | Semester or dates of course |  |  |
| Dir   | et Unix Ed 709   | Effective Classian             |                             |  |  |
| 10. Please describe the course as given in the college catalog.  Such to Valsoom Might & Moduship Principles.  11. Please give your reason for taking the course.                               |  |                                |                             |  |  |
|   | Masturs  | Acron Mortha                   | raite                       |  |  |
| Appro   | ved Disapproved SEP 0 6 2000 (Date)  | Asst. Supt. for Administration | on                          |  |  |
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|  | ERUL LEUBNER  er's Name)   | Building                       | 8/30/00<br>Date Submitted |  |  |  |
|--|--|--------------------------------|---------------------------|--|--|--|
| All coursework must receive prior approval before salary schedule advancement will be granted. Please complete this form in duplicate: original for personnel file, duplicate will be returned.  |  |                                |                           |  |  |  |
| l.   | Is this a graduate or undergraduat   | e course? (Check one           | )                         |  |  |  |
| 2.   | Is this course required to remove certification  | cation deficiencies?           | Yes No                    |  |  |  |
| 3.   | Have you previously taken training wh  | ich this course duplicates?    |                           |  |  |  |
| 4.   | Are you pursuing a graduate degree? If "Yes", answer number 5 & 6. If "No              |                                | Yes No                    |  |  |  |
| 5.   | Has your graduate degree program been advisor and placed on file with the Ass          |                                | Yes No                    |  |  |  |
| 6.   | How many semester hours do you have toward earning your advanced degree?               |                                |                           |  |  |  |
| 7.   | How many semester hours do you have beyond your B.A. + or M.A. +                       |                                |                           |  |  |  |
| 8.   | How many semester or quarter hours do you expect to earn from this course?  Sem. 3 Qtr |                                |                           |  |  |  |
| 9.   | (Please use a separate sheet for each co   |                                | Semester or               |  |  |  |
| Slive  | HUMIN ED tolo  | puforming Leacher              | 8-21-10-23                |  |  |  |
| 10. Please describe the course as given in the college catalog.  Examine the tracks of thigh purporming  - Emphasis on Strategues Challenges  11. Please give your reason for taking the course. |  |                                |                           |  |  |  |
| _  | oved/Disapproved SEP 0 8 2000  | Godal Tax                      | usaile                    |  |  |  |
|  | (Date) A   | Asst. Supt. for Administration | on                        |  |  |  |
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