



How to Request Approval to Offer a Salary Credit Course

- Go to <https://www.applitrack.com/boulder/onlineapp/employee.aspx>
- Log in with your BVSD email address and BVSD network password (just like logging into your BVSD Google email account)
- Click Log In

- Click on the Forms tab

- Click on New Form

- Scroll through the list of forms and look for: BVSD Salary Credit Approval Form
- Click Start Form

Boulder Valley School District - Employee Portal

Pages Forms Calendars Help

New Form
create a new form

Your Forms In Progress

2015-16 Self Reflection for Teachers
Delivered: 8/12/2015
Assigned to: Employee - Test Evaluation [Edit](#) [History](#)

BVSD Salary Credit Approval Form
Delivered: 3/29/2016
Assigned to: Employee - Test Evaluation [Edit](#) [History](#)

BVSD Salary Credit Approval Form
Delivered: 3/29/2016
Assigned to: Employee - Test Evaluation [Edit](#) [History](#)

Your Completed Forms

This form first goes to: Judy Steinbaugh

[2016-17 Voluntary Reduction Request Form \(BUILDING FTE\)](#)
This form first goes to: Judy Steinbaugh [Start Form](#) [Preview Form](#)

[2016-17 Voluntary Reduction Request Form \(DISTRICT FTE\)](#)
This form first goes to: Judy Steinbaugh [Start Form](#) [Preview Form](#)

[2016-17 Voluntary Reduction Request Form \(SPECIAL EDUCATION FTE\)](#)
This form first goes to: Ron Yauchzee [Start Form](#) [Preview Form](#)

[BVSD Salary Credit Approval Form](#)
This form first goes to: Annie Kilgour [Start Form](#) [Preview Form](#)

[Retirement-Resignation Form](#) [Start Form](#) [Preview Form](#)

- Click Okay

Boulder Valley School District

Thank you for taking the time to help us with this form.
You only have to complete one page.

If you have any trouble completing or submitting the form, [Request Technical Help](#).

Click the "Continue" button below to begin.

OK, Continue

- Complete the form
- Click Submit
- You will be notified once a decision is made

BVSD Salary Credit Approval Form

Organization: Boulder Valley School District Employee: Test Evaluation
Assigned To: Employee - Test Evaluation [Show History](#)

[Please answer the questions below.](#)
[Print Form](#)

Name: Test Evaluation
Employee Number: 0000

Instructions

Once you have completed the form, be sure to submit it for review. You will be notified once a decision is made about your request. Thank you for submitting a request!

Course Information

Course Title:

Course Description (as it should appear in the professional development catalog):

Maximum Number of Participants:

Save as Draft **Submit Form**