



Human Resource Services

Request for PRIOR Approval of Classified Professional Growth

Name		Last Four Digits of Social Security Number	Date (m/d/yy)
School or Office	Work Number	Classification	

I hereby request prior approval to undertake the following professional growth course(s) or activities for salary credit:

Title of Course or Activity	Course/Activity Date	Check (✓) Appropriate Box		
		Fast Track	Job Related	General Ed/District Value
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

APPROVALS: ADMINISTRATIVE SUPERVISOR (where applicable)

I certify the above work will be of benefit to the applicant's job assignment except as follows:

Date _____
Supervisor's Signature

❖ ❖ ❖ ❖ ❖ ❖ RETURN THIS FORM WHEN COURSES ARE COMPLETED ❖ ❖ ❖ ❖ ❖ ❖

Request for COMPLETED Professional Growth Salary Credit

1. Only credits completed after employment with the district are considered for credit; no credit will be given for activities or courses completed prior to adoption of this program on October 29, 1973; and no salary credit will be paid until the employee has completed three (3) full consecutive years with the District.
2. Attach transcripts or official grade cards for all courses. Credit will be given based on semester unit value.
3. Hours involved in special projects, organizational work, and conference and workshop attendance must be verified in writing by an instructor, organizational officer, or administrator in charge (15 hours = 1/2 unit credit; Fast Track: 16 hours – 1 unit credit).
4. Course(s) taken during work hours while in paid status will not be eligible for professional growth.

Title of Course or Activity	Course/Activity Date	Check (✓) Appropriate Box			Units/Hrs Earned
		Fast Track	Job Related	General Ed/District Value	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	

APPROVALS: ADMINISTRATIVE SUPERVISOR (where applicable)

I certify the above work will be of benefit to the applicant's job assignment except as follows:

Date _____
Supervisor's Signature

I certify the above work will be of benefit to the applicant's job assignment and/or of direct benefit to the district except as follows:

Applicant will receive compensation for _____ units or _____ hours when eligible.

Date _____
Analyst, Human Resource Services