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| SAC2 | 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:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Check () Appropriate Box | | |
| **Title of Course or Activity** | **Course/Ac-**  **ivity Date** | **Fast  Track** | **Job  Related** | **General Ed/**  **Dstrct Value** |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |

**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

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| **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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Check () Appropriate Box | | |  |
| **Title of Course or Activity** | **Course/Ac-**  **ivity Date** | **Fast  Track** | **Job  Related** | **General Ed/**  **Dstrct Value** | **Units/Hrs**  **Earned** |
|  |  | Yes  No |  |  |  |
|  |  | Yes  No |  |  |  |
|  |  | Yes  No |  |  |  |

**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.

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| --- | --- | --- |
|  |  |  |
| Date |  | Analyst, Human Resource Services |

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