

BUCKEYE UNION SCHOOL DISTRICT  
**CERTIFICATED PROFESSIONAL GROWTH FORM**  
**Unit Application**

EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_

CURRENT ASSIGNMENT: \_\_\_\_\_ TYPE OF CREDENTIAL: \_\_\_\_\_

*Were you given release time from your regular duties to attend/perform this activity? Yes o No o*

*Were you off duty when you attended/performed this activity? Yes o No o*

---

---

**PART 1-** to be completed PRIOR to taking class listed below.

**I. Application for Unit Credits (prior approval needed)**

I am requesting \_\_\_\_\_ unit(s) of professional growth for the following activity as per Article XVIII of BTA contract.

Name of Class: \_\_\_\_\_

Date of Class: \_\_\_\_\_

Please provide a short explanation of how you will apply what you will learn from this class in your position (please attach a course description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. The credits support/relate to District Plan goals, School Site Plan goals, CSTP, Professional Development Plan (please cite specific goal):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Site Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

*(Administrator: After signature, please return to applicant to hold until completion of Part II)*

---

---

**PART II**  
**Part II to be completed AFTER completion of class.**

**III. Proof of Attendance**

- 1) Attach transcript;
- 2) Attach receipt if requesting reimbursement (BTA Contract 17.3.2);
- 3) Submit to Site Administrator for Final Approval; 4) Forward to District Office for Final Approval/Processing.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Site Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Assistant Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

# Unit(s): \_\_\_\_\_ Amount: \$ \_\_\_\_\_