

CLASSIFIED PROFESSIONAL GROWTH FORM
Unit Application

EMPLOYEE: _____ DATE: _____

CURRENT ASSIGNMENT: _____ SITE: _____

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

*(A maximum of one Professional Growth Step (2%) per employee shall be awarded annually – each fiscal year – July 1st through June 30th.)

I. Application for Unit Credits (prior approval needed)

I am requesting _____ semester unit(s) or _____ CEU (hours) of professional growth for the following activity as per Article XI of the CSEA 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**): _____

Signature of Employee: _____ Date: _____

Signature of Site Administrator after Review of Part I: _____ Date: _____

Signature of Assistant Superintendent: _____ Date: _____

(After both signatures, the form will be returned to employee to hold until completion of Part II)

PART II - to be completed AFTER completion of class.

II. Proof of Attendance

- 1) Attach transcript
- 2) Attach receipt(s) if requesting reimbursement (CSEA Contract 11.10)
- 3) Submit to Site Administrator for Final Approval
- 4) Forward to District Office for Final Approval/Processing

Signature of Employee: _____ Date: _____

Unit(s) towards Professional Growth Step: _____ Amount(reimbursement): \$ _____

Signature of Site Administrator: _____ Date: _____

Signature of Assistant Superintendent: _____ Date: _____

DO: Total Reimbursement amount:

School Year: