

SALINAS UNION HIGH SCHOOL DISTRICT
Classified Professional Growth & Development Program
Application Form

Name:

Date:

Job Title:

Work Site:

OPTION I: JOB RELATED COURSEWORK APPLICATION

Course/Workshop Title	Course # If applicable	College, School, Other Institution	Semester Units	Clock Hours

Date course begins:

Date course will be completed:

Course will be taken during paid work time:

Yes

No

This course will lead to better performance in my current job by:

Detailed course description (may attach catalog, brochure, etc.):

OPTION II: COLLEGE/ADVANCED COURSEWORK-DECLARATION OF INTENT & APPLICATION

This coursework is part of an approved course of study leading to a degree or certification that would qualify me to become a _____ with this District. **My academic plan is attached and signed by my education/academic counselor. The following course is part of that plan.**

Course/Workshop Title	Course # If applicable	College, School, Other Institution	Semester Units	Clock Hours

Date course begins:

Date course will be completed:

Course will be taken during paid work time:

Yes

No

My immediate manager is aware of my professional growth efforts.

Applicant Signature Date

Immediate Manager's Signature Date

<p>____ Approved ____ Denied</p>	<p>_____ Superintendent's Designee Signature Date</p>
<p>Professional Growth Appeals Committee</p>	
<p>____ Approved ____ Denied</p> <p><small>(Final appeals may be submitted to the Superintendent within 30 days)</small></p>	<p>_____ Superintendent's Designee Signature Date</p>

Application must be submitted to Human Resources prior to taking a course. Verification of course completion (official transcripts, certificate or similar evidence) is required in order to receive Professional Growth Program credit.