



HSD Professional Growth Form

Professional-Technical

As described in Professional – Technical **Salary Schedule**, professional-technical personnel are eligible for up to \$1,000 per person, per contract year for professional growth. Requests must be submitted and approved in advance by the immediate supervisor and the Human Resources Office for reimbursement. The contract year begins September 1 and ends August 31 of each year. Requests must be submitted and paid for prior to August 31 of each year or funds will be posted to the next schools year’s allocation.

For approval and reimbursement, please attach all registrations and/or receipts to this application. If a purchase order has been utilized, please include a copy of the completed purchase order and with the appropriate PO number.

EMPLOYEE INFORMATION	
Employee Name:	
Address:	
Name of Supervisor	
Work Phone Number	ID Number

CLASS INFORMATION	
Course /Workshop/ Title /No.	
Location of Course/ Workshop	Dates of Class
	to

Cost of Class		Travel Costs	
Tuition		Lodging	
Registration		Mileage	
Supplies		Refund Per Mile	
Materials		Other Ex. (itemize on back)	
Total	\$	Total	\$
Grand Total \$			

I HEREBY certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

SIGNATURE OF APPLICANT:	DATE:
Supervisor’s Signature:	DATE:
Human Resource Signature:	DATE:

Budget Number : 0319-(21 or 31)-__ __-5722 **Amount Approved: \$** _____
 (enter location number in blank space provided)

*Please send completed form and all supporting documents to Human Resources.
 Questions, please call (206) 631-3008.*

