

TRACY UNIFIED SCHOOL DISTRICT
 APPLICATION FOR APPROVAL OF CLASSIFIED EMPLOYEES' PROFESSIONAL GROWTH COURSEWORK

NAME _____ SITE _____ DATE _____

ADDRESS _____ PHONE _____

JOB TITLE _____

I hereby request approval of the following course(s) to be applied towards my professional growth stipend:

Class Starting Date	Anticipated Completion Date	Course Title	Name of School or Sponsor	Units Sem Qtr	#Class Hours (If not units)	Job Related Units	General Education Units

ATTACH SUPPORTING MATERIALS (Mandatory) such as description of course, brochure, etc.

Explanation of course(s) content: _____

How will this course benefit you? _____

I understand that it is my responsibility to submit verification within **60 days** after completion.

Employee's Signature: _____ Date: _____

(To be completed by the Asst. Supt. or Director of Human Resources)

Previous Prof. Growth **Awards**: PGI PG2 (Employees currently approved for a class which would complete their 9th credit will receive, upon proper verification, a Prof. Growth **Award** (Old Program) as of 9/1/97.)

Approved Prof. Growth **Award** units to be carried forward and used toward the Prof. Growth **Stipend**: _____

Request Approved _____ Disapproved _____ If disapproved, give reasons: _____

Additional Comments: _____

Asst. Supt. or Director of H.R. SIGNATURE: _____ Date: _____

	<u>Previous Units Earned</u>	<u>Current Units Approved</u>
JOB-RELATED UNITS	_____	_____
GENERAL EDUCATION UNITS	_____	_____
WORKSHOPS/SEMINARS (max. 3 units)	_____	_____