

OAK GROVE SCHOOL DISTRICT  
HUMAN RESOURCES DIVISION  
**PROFESSIONAL GROWTH CREDIT FOR SALARY PURPOSES**

**Classified**  
 **Certificated**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Work Site

\_\_\_\_\_  
Course/Inservice Title

\_\_\_\_\_  
Instructor's Signature  
(If instructor's signature is not available,  
attach grade card or verification of attendance.)

\_\_\_\_\_  
Number of hours or  
Number of units (please specify)

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Instructor's Name (please print or type)

Approved by: \_\_\_\_\_

CLASSIFIED - Coordinator of Human Resources

CERTIFICATED - Assistant Superintendent of Human Resources

This class was taken on a vacation or unpaid day