

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