

**Roseville Joint Union High School District
REQUEST FOR PAYMENT FOR PROFESSIONAL GROWTH UNITS**

<input type="checkbox"/>	Classified Manager
<input type="checkbox"/>	Confidential Staff
<input type="checkbox"/>	Classified Staff

Employee Name: _____ **Date:** _____

Department/Site _____

Course/Title	Units Earned	Dates Enrolled

Educational Institution: _____

_____ **Employee’s Signature**

Note: Prior approval and verification of completion is required for compensation.

To Be Completed by Personnel Department

Course/Grade Verification by: (Check one.)

<input type="checkbox"/>	Grade Card
<input type="checkbox"/>	Transcript
<input type="checkbox"/>	Certification
<input type="checkbox"/>	Other:

Units – Amount to be paid: _____ X \$ _____ = \$ _____
Number of Units Amount Per Unit Total

Budget Code (to be paid through Payroll Department):

01 - 00000 - 0 - 2900 - 15 - 9409 - 7410 - 130 - 00 - 000 - 00

Tuition: \$ _____ (Attach verification.)

Budget Code (to be paid through Accounts Payable Department):

01 - 00000 - 0 - 5803 - 15 - 9409 - 7410 - 130 - 00 - 000 - 00

Date: _____

_____ **Director of Classified Personnel**

cc: Business Office
Employee File
Supervisor
Professional Growth File