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ROMOLAND SCHOOL DISTRICT

25900 Leon Road, Homeland, CA 92548

Phone: 951.926.9244 ♦ Fax: 951.926.2170

CLASSIFIED PROFESSIONAL GROWTH COURSE APPROVAL

Name: _____

Date: _____

I am requesting approval of the following courses:

Course Number	Course Name	Institution/Company	#Units/Hours	Date Approved	Date Denied

- I have attached a course description(s) for review and approval.
- I understand that if my course work is not approved prior to taking the course, it may not be honored by the District.
- I understand I am responsible for submitting official transcripts or certificate of completion to the District.
- Upon receipt of this form, Human Resources shall notify the unit member of the decision within fourteen (14) working days.
- If course(s) are denied the unit member shall have the right to appeal to the Professional Growth Committee within ten (10) calendar days by submitting this form.
 - Date of resubmittal: _____
 - Attach any additional documentation/comments for reconsideration.
- Professional Growth Committee Decision;
 - Approved Date: _____ Sign: _____
 - Denied Date: _____ Sign: _____

Classified Employee Signature

Date

Director of Classified Personnel

Date

CLASSIFIED PROFESSIONAL GROWTH COURSE APPROVAL

Name: _____

Date: _____

***This portion to be completed by the Director of Classified Personnel.**

<u>Completion Date</u>	<u>Course Name/Number</u>	<u># Units/Hours</u>	<u># Units Earned</u>	<u>Increment Reached?</u>	<u>First day of Increment Pay</u>

- Official transcripts or certificate of completion attached.

Classified Employee Signature

Date

Director of Human Resources

Date