



**Classified Employee
APPLICATION FOR PROFESSIONAL GROWTH FUNDS**

Name:	Date:
Position:	Work Location:
Activity:	
Is this activity directly related to the employee's Professional Growth/Goal Plan? If yes, how?	
Credit Class: Yes ☐ No ☐ if yes, how many credits?	
Activity Information:	
Date(s)/Time(s):	Location:

<i>To be filled out by applicant</i>		<i>For Building/Department Use Only</i>
Registration Fees	\$	
Stipend (if approved)	\$	Administrator's Signature
Tuition Fees	\$	
Other Travel Expenses (if applicable)		Budget Number(s):
Estimated Mileage: _____ (miles)	\$	
- see district website for current rates -		
Breakfast	\$	
Lunch	\$	
Dinner	\$	
Lodging @ \$ _____ per night	\$	For Human Resources Use Only
Instructional Materials/Books	\$	\$ _____
Substitute Fee	\$	Total Amount Approved
Other	\$	Approval Signature
TOTAL EXPENSES	\$ 0 _____	Date

Return to Human Resources for approval

Note: Approved form must be attached to the Travel Expense Voucher and/or Trip Approval Request form when submitted to the Business Office.

cc: Employee's Supervisor/Secretary
Employee