

LONE PINE UNIFIED SCHOOL DISTRICT

CLASSIFIED PROFESSIONAL GROWTH PROGRAM
APPLICATION FORM

(Must be completed and approved prior to commencing any activities)

Name _____

Location _____ Classification _____

Course/Workshop Title _____

Institution _____ Course No _____

Date Course Begins _____ Date Course Ends _____

Semester Units _____ No. of Hours Attendance _____

Nature of Course _____

Comments: _____

Employee's Signature Date

- Recommended as job related.
- Not related to present job.

Comments: _____

Supervisor's Signature Date

- APPROVAL:
- Approved as job related.
 - Approved as a general course unrelated to your job.
 - Not approved.

Superintendent's Signature Date