



**LOMPOC UNIFIED SCHOOL DISTRICT**  
**CLASSIFIED HUMAN RESOURCES**  
*Personnel Commission*  
*1301 North A Street, Post Office Box 8000*  
*Lompoc, CA 93438-8000*  
*(805) 742-3220 Fax (805) 742-3278*

CLASSIFIED EMPLOYEE PROFESSIONAL GROWTH PROGRAM  
**INTENT TO PARTICIPATE FORM**

I \_\_\_\_\_ propose to participate in the Professional Growth Program. My educational and job related goals are:

In my judgment, this is applicable to my job as follows:

It will help me become a more valuable employee because:

**I understand that all decisions made by the Professional Growth Committee shall be in accordance with the Classified Bargaining Unit contract (Article 13). I further understand that this Statement of Intent shall be submitted for committee approval prior to enrollment in any course for which I am requesting professional growth credit (Article 13.6.1.1).**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Site: \_\_\_\_\_

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**For Office Use Only**

☐ Approved by the Professional Growth Committee

☐ Disapproved by the Professional Growth Committee

Signature: \_\_\_\_\_

Cynthia Carrillo

Director, Classified Human Resources

Date: \_\_\_\_\_