

WESTMINSTER SCHOOL DISTRICT
CLASSIFIED PROFESSIONAL GROWTH PROGRAM

PRIOR APPROVAL AND VERIFICATION FORM

This form must be submitted to the Deputy Superintendent, Human Resources for approval PRIOR to the beginning of your classes.

NAME: _____ EMPLOYEE ID NUMBER: _____
ADDRESS: _____ PHONE: _____
POSITION/SITE/LOCATION: _____

Instructions: This form is to be used to request prior approval of all coursework, lectures, workshops, or other activities for professional growth credit. A copy of this form will be returned to you. Within 60 days after completion of the activity, this form must be resubmitted to the Deputy Superintendent, Human Resources, with the verification of the activity so that appropriate credit may be recorded on your cumulative point record. Upon completion of ten units or equivalent with a passing grade of C or better, a \$500 stipend will be awarded to you. (Limited to two stipends per year and a lifetime limitation of 12 stipends, which is approximately equivalent to 120 college semester units, or a 4-year degree.)

COMPLETE A SEPARATE FORM FOR EACH CLASS, WORKSHOP, LECTURE, ETC.

PART I: REQUEST FOR APPROVAL: I request approval of the following activity:

Title and No. of Course or Workshop: _____ School: _____

Date Course/Workshop begins: _____ Date Course/Workshop ends: _____

Units: _____ or Total hours of attendance: _____

Describe how you feel this course will assist you in your current position or otherwise be of benefit to the District.

Please attach the course description.

APPROVAL: Granted [] Denied []

Deputy Superintendent Signature

Date

PART II: VERIFICATION OF ACTIVITY

Please return this copy to Classified Human Resources, with verification of attendance and completion of the above activity, for credit in the Classified Professional Growth Program.

VERIFICATION

Date verification materials received: _____

Points approved: _____ By: _____

Date recorded on employee cumulative record: _____ By: _____

Total units completed: _____ Stipends awarded: _____ Units in process: _____