

## REQUEST FOR PROFESSIONAL GROWTH FORM Classified Employees

Part I: Request				
Employee Name:		Date of Requ	uest:	
Title: Bann				
Course/Activity Name (List all on education plan, attach supplemental pages or justification if needed):				
	Title		Release/flex time requeste	ed?
Employee: Atta	ch a current and approved educ	tion plan or Student Education	on Plan (SEP) for review with	n this request.
Supervisor Name		Signature		 Date
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Cluster VP Name	<del> </del>	Signature		Date
Cluster VP IName				Date
Part II: Certification of Completion				
Т	itle	Date Completed	Gra	ade
Employee: Attach unofficial transcript/grade report.				
Supervisor Name		Signature		 Date
Cluster VP Name	<del></del>	Signature		Date
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## Instructions (See section 3.8 of the CBA for additional information on this program):

- Employee identifies relevant professional growth or career-development courses; creates education plan; completes part I and obtains approvals PRIOR to the start of classes
- Employee retains form with part I completed while taking the course(s). Note: it is the employees' responsibility to track and retain all approved coursework forms until the course is completed
- Employee completes coursework with a grade of C or better and obtains certificate of completion signatures (part II)
  Employee can submit fully completed form (both parts I and II) to HR at the completion of a course however the employee retains responsibility of ensuring proper record keeping until all 12 units required for the increase have been completed
- Upon completion of 12 units, employee submits **all completed forms AND official transcript** to Human Resources. HR will implement 2.5% increase