



REQUEST FOR PROFESSIONAL GROWTH FORM

Part I: Request

Employee Name:

Date

Classification: Select from List

Course/Activity Name:

Units of Credit:

Class Days, Times:

Education Plan is Select from List

Supervisor

Date

Vice President, Academic Affairs

Date

Part II: Certification of Completion

Date coursework was completed:
(Attach transcript)

Vice President, Academic Affairs

Date

Instructions:

Employee completes Part I and obtains supervisor's approval and Vice President, Academic Affairs approval
Employee completes Classified Professional Growth/Educational Plan

After completion of course work, employee completes Part II, attaches grade report and obtains signature
from Vice President, Academic Affairs

After the equivalent of 12 semester units have been completed employee forwards **official transcript(s)**
and/or certificate(s) to Human Resources with all documentation (this form and the Education Plan).

Human Resources will implement 2.5% salary increment