

NATOMAS UNIFIED SCHOOL DISTRICT

Human Resources

CLASSIFIED PROFESSIONAL GROWTH FORM

1. PRIOR TO ENROLLMENT, complete sections A through G and submit to the Human Resources Office for approval.
2. A copy of the approved form with your verification of completion(s) must be submitted no later than May 30<sup>th</sup> for the current fiscal year allocation.

- A. EMPLOYEE NAME: \_\_\_\_\_
- B. SOCIAL SECURITY #: \_\_\_\_\_
- C. SCHOOL/DEPARTMENT: \_\_\_\_\_
- D. CURRENT POSITION: \_\_\_\_\_
- E. \_\_\_\_\_

Company/ Institution	Course #	Course Title	# Hours	# Sem. Unit	# Qtr. Unit	DATE COURSE BEGINS	DATE COURSE ENDS

F. Please briefly state objective of these courses and their relationship to your current position or promotional position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. \_\_\_\_\_

Employee Signature Date

FOR DISTRICT OFFICE USE – APPROVAL FOR REQUEST

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	_____ <small>Assistant Superintendent, Human Resources</small>	_____ <small>Date</small>
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Course/class completion verified by:    \_\_\_ Transcript            \_\_\_ Certification            Other \_\_\_\_\_

Amount to be paid \_\_\_\_\_ X \$150.00 = \$ \_\_\_\_\_ (up to \$900.00/year - six credits/units or 90 hours)

# of credits/units                      per unit            Total

APPROVAL FOR PAYMENT: \_\_\_\_\_

Assistant Superintendent, Human Resources                      Date