

Professional Growth Program

**PRIOR APPROVAL AND VERIFICATION FORM**

[Click here to enter text.](#)

Name

Classification

Date

**Instructions:** This form is to be used to request approval of all coursework, lectures, workshops or other activities for professional growth credit. It must be submitted to the Classified Personnel Director prior to the commencement of the activity. This form will be returned to the employee. After completion of the activity, this form must be resubmitted with verification of the activity so that appropriate points may be recorded on the cumulative point record form.

**I hereby request approval for the following activity:**

**COURSE WORK:** Title of course: [Click here to enter text.](#) School: [Click here to enter text.](#)

Date course begins: [Click here to enter a date.](#) Units (Semester or Quarter): Choose an item.

(Attach course description) Describe how you feel this course will assist you in your current position:  
[Click here to enter text.](#)

**LECTURES/TRAINING PROGRAMS, CONFERENCES:** Title: [Click here to enter text.](#)

Location: [Click here to enter text.](#)

Date from: [Click here to enter a date.](#) Date to: [Click here to enter a date.](#)

Total hours of attendance: [Click here to enter text.](#) (Attach workshop description)

Describe how you feel this workshop will assist you in your current position: [Click here to enter text.](#)

**LEADERSHIP** - Name of organization: [Click here to enter text.](#)

Office and Term: [Click here to enter text.](#)

Describe purpose of organization: [Click here to enter text.](#)

PRIOR APPROVAL		VERIFICATION	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Dept. Head/Principal	Date	Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Dir, Classified Personnel	Date	Yes	No
		Submit transcripts, programs, etc. as soon as possible after activity.	
		_____points approved by Professional Growth Committee on: _____	
		Recorded on cumulative record form on _____ by _____	