

Professional Growth Program

**APPLICATION FOR PAYMENT OF PROFESSIONAL GROWTH INCREMENT**

Click here to enter text.

Name

Classification

Date

**Instructions:** This form is to be kept with the records and submitted to the Classified Personnel Director upon attaining 12 credits of professional growth. The Professional Growth Review Committee will review all prior approval and verification forms to determine if the employee has earned the required number of points to receive a professional growth increment.

I would like to request approval for payment of a professional growth increment. Official verification is enclosed for review by the Professional Growth Committee. I understand that if I am part-time, I will receive a pro rata amount.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**To: Classified Payroll**

**From: Classified Personnel Director**

The Professional Growth Committee reviewed the application of the above-named employee on \_\_\_\_\_ and determined that satisfactory verification was given to award a professional growth (date)

increment as follows: \_\_\_\_\_

Board Approved: \_\_\_\_\_

\_\_\_\_\_  
Personnel Director Signature

\_\_\_\_\_  
Date