APPENDIX C

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 30th 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

☐ APPROVED ☐ DENIED _____ _____

Assistant Superintendent, Human Resources Date

Course/class completion verified by: ___Transcript ___Certification Other _____

Amount to be paid _____ X $50.00 = $ _____ (maximum of 6 units)

# of credits/units per unit Total

APPROVAL FOR PAYMENT: _____ _____

Assistant Superintendent, Human Resources Date

COPY to Employee (after approval or denial); COPY to Payroll (if approved for payment); COPY to Human Resources after completion