

REQUEST FOR APPROVAL OF PLAN FOR PROFESSIONAL GROWTH FOR NON-UNIT ACTIVITIES

(Must be completed and approved prior to commencing any activities.)

Last Name	First Name		MI	Grades and/or Subjects Taugh
School		Position	Title	
ctivity start date:				:
Vill the District contribute any funding for this	activity?	Yes	No	
If yes, explain:				
Vill any of this activity take place during scho	ol hours?	Yes	No	
If yes, explain:				
	ies for which y work to be do			ssional growth. ent.
Plan approved as requested				
Plan will be approved if modified as in	dicated below			
Plan disapproved for reasons indicate				
dministrator, Human Resources			Date	
nce Professional Growth activity is completed	, attach your ce	ertificate of	completion or	your detailed report of
nce Professional Growth activity is completed tivity to this approved form so your non-unit a				