Acalanes Union High School District

Appendix B

Application for Approval of Classified Professional Growth Credit

_____	_____	_____
Name	Job Title	Hire Date (mth/yr)

Option I

I request approval of the following course(s) to be applied as credit toward my professional growth increment:

Course #	Dates	Course Title	College/School	Units

Option II

I request approval of the following training/conference to be applied as credit toward my professional growth increment

Training/Conference	Date	Hours	Session Topic/Subject

Description of content of course(s):

Please describe how this course will enhance your ability to perform your current position in the district:

Did this take place after your regular work hours? ☐ Yes ☐ No

If No, did you take vacation time? ☐ Yes ☐ No

Was this at your own expense? ☐ Yes ☐ No

If No, please explain:

Approval is conditional on a clear explanation, rationale & course syllabus or outline.

To Be Completed by Classified Professional Growth Committee:

Approved: _____ **Disapproved:** _____ **Date:** _____

If disapproved, give reasons: _____

É2010 All rights reserved by Acalanes Union High School District