



# PROFESSIONAL GROWTH APPLICATION



\_\_\_\_\_

Last Name | First Name | Middle Initial | Date Permanent

\_\_\_\_\_

Current Job Assignment | Site

( ) | ( ) | \_\_\_\_\_

Primary Phone | Secondary Phone | Email Address

## Course Information (please attach proof of attendance reflecting units/hours and completion date)

Title of Course	Date(s) Attended	Non-College Courses	College Courses	Action Taken	Points Approved
		Number of Hours	Number of Units	<i>Points approved, denied (provide reason) info requested</i>	<i>Committee Use Only</i>

\_\_\_\_\_

Received by committee Chair (date)

\_\_\_\_\_

Receipt confirmation given (date) | Type of confirmation given

\_\_\_\_\_

Other Action Taken

\_\_\_\_\_

Committee Chair Signature | Date | District Administrator Signature | Date

Committee Approved Subtotal
Previously Earned Points
Total Points
Date of last increment
<b>Increment Earned</b> <input type="checkbox"/>
<b>-15.00</b>
Points carried over

*In order to receive professional growth credit, proof of attendance reflecting number of units/hours and date(s) completed must accompany this application.*

\_\_\_\_\_

Applicant Signature | Date

**Please see VESPA contract, Article 41 for more information regarding professional growth.**