# VENTURA UNIFIED SCHOOL DISTRICT

Ventura Education Support Professionals Association

## 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 Number of Hours | College Courses Number of Units | Action Taken *Points approved, denied (provide reason) info requested* | Points Approved *Committee Use Only* |
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Committee Approved Subtotal

Previously Earned Points

Total Points

Date of last increment

**Increment Earned** ☐

-15.00

Points carried over

Received by committee Chair (date)

Receipt confirmation given (date) | Type of confirmation given

Other Action Taken

Committee Chair Signature | Date

District Administrator Signature | Date

*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.**