

LUCIA MAR UNIFIED SCHOOL DISTRICT
REQUEST FOR PROFESSIONAL GROWTH FOR SALARY CREDIT

Please submit each course on a separate form.

Employee's Name _____ Date _____

School/Site _____ Grade Level/Subject _____

*The certificated employees' contract states that unit members who desire to qualify for a higher salary classification must file a notice of intent by **July 1** of each school year. The courses submitted for this purpose must be substantially supportive of the teacher's current assignment or potential future assignment in the district. **Courses shall be upper division or graduate level from an accredited institution.***

College/ University/ Other	Course Title*	Course Number	# of Units	Dates	
				From	To
			semester:		
			quarter:		

***Course Description/Syllabus must be attached.**

Rationale for course selection: _____

I understand that all units must be completed prior to the first day of school and recorded in the Human Resources Office prior to **October 10** of each year. Further, I certify that the course listed above conforms in all respects to the conditions of Board Policies and Regulations.

Employee Signature

Principal's section must be completed

<u>For Principal/Supervisor Use Only</u>	<u>For Human Resources Office Use Only</u>
Is this course substantially supportive of the teacher's current or potential future assignment. Yes _____ No _____	_____ Approved
Will attendance at this course be paid for with district funds. Yes _____ No _____	_____ Transcript Required
Will the employee be in paid status while attending this course. Yes _____ No _____	Disapproved Reason:
_____	_____
_____ Principal Signature	_____ Assist. Superintendent Signature
_____ Date	_____ Date

PLEASE FORWARD A COPY TO THE HUMAN RESOURCES OFFICE. HUMAN RESOURCES WILL NOTIFY YOU ONCE YOUR REQUEST FOR PROFESSIONAL GROWTH UNITS HAVE BEEN REVIEWED.