



PROFESSIONAL DEVELOPMENT COURSE APPROVAL REQUEST

Employee Information

- Name: _____
- Department: _____
- Current Grade Level/Subject/Area: _____

Course Information

- Course Title: _____
- Course Number: _____
- College/University: _____
- Start Date: _____ End Date: _____
- Units: _____ (Circle one: Semester / Quarter)

Rationale for Request

(Briefly describe how this course relates to your current assignment or professional growth goals)

Participant Agreement

- I have attached the course description/syllabus.
- I understand that official transcripts must be submitted to district for consideration for salary column movement (if applicable).

Employee Signature: _____ **Date:** _____

FOR ADMINISTRATIVE USE ONLY

Action Taken:

- **Approved** for Salary Advancement
- **Approved** for Professional Growth Hours
- **Denied** (Reason: _____)

Supervisor Signature: _____ **Date:** _____
