



Per agreement between IUSD and CSEA, this form must be submitted to Human Resources **ten (10) work days** prior to the first day of the class. One course/class per form. Class time **CANNOT** be taken during paid time.

CLASSIFIED PERSONNEL APPLICATION FOR PROFESSIONAL GROWTH

Name: _____ Job Title and Location: _____

Title of course or workshop: _____

Course number (if applicable): _____ Beginning date: _____ Ending date: _____

Total hours of instruction: _____ In class: _____ Lab time: _____

Organization/Institution providing course: _____

Describe the course and how it relates to your current position. Please attach course description if available. **(required):**

Please describe the specific reason why you feel this course will enhance your value to the district in the future:

Check one: Reimbursement Accumulate Salary Increment

Response from Administrator/Supervisor (required)

Administrator/Supervisor Signature: _____

Note: The Administrator/Supervisor's signature does not approve/deny application. The Administrator/Supervisor's signature is only to verify the course is related to employee's current job functions.

Please give a brief description of how this course relates to the employee's job functions:

Response from Human Resources (required)

Approval: The above request has been approved Denial: Date: _____

The above request has been denied for the following reason: _____

Appeal: Please provide additional information that supports an appeal to the Professional Growth Committee to review an application that has been denied: _____

Approval: Denial:

Authorized by: _____ Date: _____