

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

## CLASSIFIED PERSONNEL APPLICATION FOR PROFESSIONAL GROWTH

| Name:                          |   | Job Title and Location:                               |   |                          |
|--------------------------------|---|---|---|--------------------------|
| Title of course or             | r workshop:   |   |   |                          |
| Course number (if applicable): |   | Beginning date:                                       | Ending date:  |                          |
| Total hours of instruction:    |   | In class:   | Lab time:   |                          |
| Organization/Ins               | titution providing course:                          |   |   |                          |
| Describe the cou               | irse and how it relates to you                      | ir current position. Please attach c                  | ourse description if available. <b>(required)</b>     | :                        |
| Please describe t              | the specific reason why you f                       | eel this course will enhance your v                   | alue to the district in the future:                   |                          |
| Check one:                     | Reimbursement 🗌                                     | Accumulate Salary Increment                           |   |                          |
| Administrator/Su               | ipervisorSignature:                                 | Response from Admir                                   | istrator/Supervisor (required)                        |                          |
| the course is rela             | ated to employee's current jo                       |   | ion. The Administrator/Supervisor's sign<br>unctions: | nature is only to verify |
| Approval:                      | The above request has<br>uest has been denied for t | <b>Response from Human R</b><br>been approved Denial: | esources (required) Date:                             |                          |
| Appeal:                        | Please provide additio                              |   | n appeal to the Professional Growth                   | Committee to review an   |
| Approval:                      |   | Denial:   |   |                          |
| Authorized by:                 |   |   | Date:   |                          |