

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. (required)	:
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 unctions:	nature is only to verify
Approval:	The above request has uest has been denied for t	Response from Human R 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:	