

CLASSIFIED PROFESSIONAL GROWTH APPLICATION

Employee:			Not Approved				
Job Title:							
Application Date:			Supervisor Signature			Date	
Course Title: (Attach Catalog descri	ption)	Course Number:	Timeline:	Category: (Graduate, Undergraduate)	Number of Units: (Specify Quarter, Semester)	Institution:	
Estimated expenses:	Fees/tuition Books Total:	\$ \$ \$	(Maximum reimbursement allowable per fiscal year is \$800.00)				

HR046 February 2006

^{*} Supervisor approval is only required if the class which the unit member seeks to attend is offered during the unit member's regularly scheduled work hours.

PROFESSIONAL GROWTH APPLICATION NARRATIVE DESCRIPTOIN

Provide a narrative description of the proposed study plan. Comments should include, but not be limited to the following: 1) How the course(s) directly relate to applicant's position, and/or Describe individual study plan which will terminate in a defined goal that will enable applicant to 2) improve his or her occupational status. Professional Growth Committee: Recommendation – Date of Action: _____

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Chairperson: ______