

CLASSIFIED PROFESSIONALGROWTH FORM

1. PRIOR TO ENROLLMENT, Complete and submit to the Human Resource (HR) Office for approval.

- A. EMPLOYEE NAME: _____
- B. SCHOOL/DEPARTMENT: _____
- C. CURRENT POSITION: _____

Company/Institution	Course #	Course Title	# Hours	#Semester Unit	# Quarter Unit	Date Course Begins	Date Course Ends

2. Please briefly state the objective of these courses and their relationship to your current position or desired career path.

Employee Signature Date

FOR SUTTER COUNTY SUPERINTENDENT OF SCHOOLS USE ONLY	
APPROVE _____	DENIED _____

Director, Human Resources Date

3. A copy of the approved form with your verification of coursework completion(s) must be submitted to HR no later than May 30th for the current year allocation.

FOR SUTTER COUNTY SUPERINTENDENT OF SCHOOLS USE ONLY

Course/class completion verified by: Transcript/Certification/other (circle one)

Amount to be paid: _____ \$150.00 per semester unit (Maximum of six (6) units)

Amount to be paid: _____ \$100.00 per quarter unit (Maximum of nine (9) units)

Amount to be paid: _____ \$100.00 per 10 hours of course work (Maximum of ninety (90) hours)

Director, Human Resources

Date