

SANTA MONICA – MALIBU UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES

PROFESSIONAL GROWTH COURSE APPROVAL FORM
ONE COURSE PER FORM

An official course description must be attached for advance and/or final approval. Requests for final approval will only be accepted with an official transcript or document verifying your attendance. You will not be granted credit toward a Professional Growth increment until you submit this form with the proper documents. Failure to secure a prior approval (before you enroll in the course) leaves you subject to denial of credit for work completed. Upon approval, a copy of this form will be returned to you for your records. For specific information regarding the Professional Growth Program, refer to Article 18 of the current SMMUSD and SEIU Agreement.

SECTION I – EMPLOYEE INFORMATION

Name: _____ Work Location: _____

Classification: _____ Work Phone #: _____

SECTION II – COURSE INFORMATION

School/Institution: _____ Dept.: _____

Course Title: _____ Course #: _____

If offered by a college, number of Semester Units _____, or Quarter Units: _____

Otherwise, indicate number of required attendance hours: _____

Start Date: _____ End Date: _____

Briefly state why this course is related to your current job and/or plans for promotion:

EMPLOYEE SIGNATURE

DATE

+++ HUMAN RESOURCES USE ONLY +++

Advance approval is GRANTED for _____ points. Advance approval not requested

Advance approval is DENIED because: _____

Comments: _____

ASSISTANT SUPERINTENDENT, HUMAN RESOURCES

DATE

 Final approval is GRANTED for _____ points, effective: _____

Final approval is DENIED because: _____

Comments: _____

ASSISTANT SUPERINTENDENT, HUMAN RESOURCES

DATE