



Office of Human Resources

PROFESSIONAL GROWTH AUTHORIZATION TO TAKE COURSES

Classified Employees
(Pursuant to CSEA Contract, Article 17)

Employee Name: _____ Department: _____

Current Job Classification: _____ Full-time _____ Part-time _____

Name of Institution Where Course(s) Will Be Taken: _____

Name(s) of Course(s) To Be Taken: _____

Date/Day/Hours: _____

Degree Applicable? _____ Assoc. _____ Bachelor's _____ Master's _____
(Yes or No)

NOTE: If degree-applicable, you must attach a copy of your Student Educational Plan signed by a counselor.

Work-Related? _____ (Yes or No)

NOTE: If work-related, explain relationship of course(s) to the duties performed in your present job classification.

REQUEST THE FOLLOWING:

Release Time _____ Amount of Release Time: _____

Enrollment Reimbursement _____ Estimated Cost \$ _____

Textbook Reimbursement _____ Estimated Cost \$ _____

Mileage Reimbursement _____ Estimated Cost \$ _____
(at current District rate)

Employee's Signature _____ Date _____

Immediate Supervisor: I support _____ I do not support _____
(if not, please explain) _____

Supervisor's Signature _____ Date _____



Office of Human Resources

FOR HUMAN RESOURCES USE ONLY

Date Received in Human Resources _____

Current Citrus College Semester/Year _____ Professional Growth Request # _____

Was Professional Growth Request Received 15 days Prior to Start of Course(s) _____ Yes _____ No

Date Committee's Recommendation Submitted to Dr. Perri _____

*Maximum of five (5) unit members, each semester, may apply for professional growth after twelve (12) months of satisfactory service to the District.

FOR PROFESSIONAL GROWTH COMMITTEE USE ONLY

Date of Professional Growth Committee Meeting _____

Recommended:

Committee Member's Initials:

Denied:

Committee Member's Initials:

Reason:

cc: John Thompson (Classified Staff Development)
Rosalinda Buchwald (Reimbursement)

8/19/08