

ROSEVILLE CITY SCHOOL DISTRICT
Personnel Office

CLASSIFIED PROFESSIONAL GROWTH

This form is to be filled out and submitted to the Personnel Office for approval PRIOR TO ENROLLMENT

EMPLOYEE NAME: _____ EMPLOYEE#: _____

SCHOOL/DEPARTMENT: _____ CURRENT POSITION: _____

Company/ Institution	Course #	Course Title	# Hours **	# Sem. Unit	# Qtr. Unit	Date Course Begins	Date Course Ends

** 15 class/clock hours equal 1 (one) semester unit

Please briefly state object of this course and its relationship to your current position or promotional position:

Signature _____ Date _____

APPROVED: _____ Date _____
 Assistant Superintendent - Personnel Services

APPROVED DENIED JOB RELATED PROMOTION RELATED

FOR DISTRICT OFFICE USE -- APPROVAL FOR PAYMENT

Course/class completion verified by:

Grade Card Transcript Certification Other: _____

Amount to be paid _____ X \$75.00 = \$ _____
 # of units for payment per unit Total Account Code

APPROVED: _____ Date _____
 Assistant Superintendent - Personnel Services