

# NOVATO UNIFIED SCHOOL DISTRICT

## CLASSIFIED REQUEST FOR PRIOR APPROVAL OF PROFESSIONAL GROWTH AWARD UNITS

NAME: \_\_\_\_\_ Emp. ID# \_\_\_\_\_

Job Title \_\_\_\_\_ Work Site/Location \_\_\_\_\_

University/College offering course: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_

Number of units: \_\_\_\_\_  Semester  Quarter

Beginning date: \_\_\_\_\_ 20\_\_\_\_ Ending date: \_\_\_\_\_ 20\_\_\_\_

**OR**

Workshop Title: \_\_\_\_\_

Workshop Description \_\_\_\_\_

Workshop Offered by: \_\_\_\_\_ #of Workshop Hours \_\_\_\_\_  
Department/Institution/Location

Has the District paid any costs related to this course?  Yes  No  
(i.e., overtime, substitute, registration fees, release time, etc.) If yes, please attach an explanation of costs.

\_\_\_\_\_  
**Employee Signature** **Date**

Recommended as Job Related  General Ed not related to present job

Comment by Administrator: \_\_\_\_\_

\_\_\_\_\_  
**Administrator** **Date**

### **PERSONNEL ADMINISTRATOR APPROVAL**

Approved as Job Related  Approved as a General Course unrelated to job  Not Approved

Comment: \_\_\_\_\_

\_\_\_\_\_  
**Human Resources Administrator** **Date**

Upon completion of an approved course for credit, please submit a grade card, transcript, attendance certificate or other official evidence to substantiate this request.

For every 9-unit increment that qualifies for a Professional Growth Award, an Official Transcript or a Certificate of Completion is required. **Proof of completion** must be received by **October 1<sup>st</sup>** to be credited retroactively to July 1<sup>st</sup>.

NUSD 600141 REQ for PRIOR APPROVAL RECEIVED: \_\_\_\_\_ TRANSCRIPT RECEIVED: \_\_\_\_\_