

CLASSIFIED

LANCASTER SCHOOL DISTRICT
APPROVAL OF COURSE WORK FOR PROFESSIONAL GROWTH STIPEND

To be submitted for approval by the Professional Growth Committee one (1) week prior to the meeting. The Committee meets approximately the third (3rd) Monday of each month – schedule posted at each site. One copy will be returned to you indicating action by the committee. That copy should then be attached by the employee to Human Resources Form 400 at the time it is submitted to obtain the professional growth stipend.

Name: _____ Date: _____ Site: _____

Position: _____ Permanent Hire Date: _____

I hereby request that the following course work be approved for Professional Growth Stipend.

Course Number	Number of Units		Course Title	Name of College or University	Beginning Date	Ending Date
	Sem.	Qtr.				

Please check the appropriate box(s).

☐

Associate Degree

☐

Bachelor Degree

☐

Professional Growth

Approval Recommended by:
Committee:

Approved by the Professional Growth

Immediate Supervisor

Date: _____

***Note: You MUST include a copy of your course description and/or bulletin regarding course to be taken.**

*** 1 quarter unit is equal to 2/3 semester unit. 15 hours is equal to 1 semester unit. You will need 10 semester units to submit on your Form 400.**