

**SOLANO COUNTY OFFICE OF EDUCATION
CSEA PROFESSIONAL GROWTH APPROVAL FORM**

The purpose of professional growth is to encourage all classified employees to participate actively in job-related study and activities designed to improve service to the Solano County Office of Education, and to promote professional and educational growth of the employee. See CSEA Contract Article 10.3 & 4. Turn this form into the Human Resources Department at least ten (10) working days prior to the start of course/activity.

PROFESSIONAL GROWTH UNITS MUST HAVE PRIOR APPROVAL OR WILL BE DENIED

Employee's Name _____ Job Title _____ Hire Date _____

I plan to enroll in the following course/activity(s):
Description of course/activity MUST be attached

1. Course/Activity Title _____ Course No. _____
College/University Program _____ Date(s) _____
Number of Units/Hours _____ Circle Type: Semester Quarter CEUs Hours Class Times _____

To help determine approval of this course/activity please provide as much rationale as possible to the following questions:

How will this course/activity improve my service to SCOE?	How will this course activity promote my professional development?
How will this course activity promote my educational growth?	If applicable, please answer the following: How will this course/activity expand my skills/knowledge for promotion? (Include your promotion goals)

2. Course/Activity Title _____ Course No. _____
College/University Program _____ Date(s) _____
Number of Units/Hours _____ Circle Type: Semester Quarter CEUs Hours Class Times _____

To help determine approval of this course/activity please provide as much rationale as possible to the following questions:

How will this course/activity improve my service to SCOE?	How will this course activity promote my professional development?
How will this course activity promote my educational growth?	If applicable, please answer the following: How will this course/activity expand my skills/knowledge for promotion? (Include your promotion goals)

Signature Required on Back

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How will this course activity promote my educational growth?	If applicable, please answer the following: How will this course/activity expand my skills/knowledge for promotion? (Include your promotion goals)

**TURN THIS FORM INTO THE HUMAN RESOURCES DEPARTMENT
AT LEAST TEN (10) WORKING DAYS PRIOR TO THE START OF COURSE/ACTIVITY**

Employee's Signature _____ Date _____

A COPY OF THIS APPROVED CSEA PROFESSIONAL GROWTH APPROVAL FORM MUST BE ATTACHED TO COURSEWORK VERIFICATION

Professional Growth Committee Only:

Committee Member Signature Date

Committee Member Signature Date

Committee Member Signature Date

Committee Member Signature Date

Course 1 Approved Denied Course 2 Approved Denied Course 3 Approved Denied

Reason for Denial _____

Once this form is approved or denied a copy will be sent to the employee
You have a right to appeal a denial