

Willows Unified School District
Professional Growth Request Form
(For Classified Employees)

Personal Information

Name: _____ Position: _____ Date: _____

Professional Development Details

Title of Professional Development: _____ Dates: _____

Provider/Organization: _____ Location: _____

Number of Hours: _____ Number of Credits: _____

Type of Activity (Check one):

☐ Conference ☐ Institute ☐ Workshop ☐ Seminar ☐ College Course

Other: _____

Purpose and Benefits

Title of Professional Development or College Degree/Certificate:

How does this activity/course align with your current job description, the job description of a promotional position within the district, or support development of personal awareness of human/social factors useful in your area of responsibility?

How will this professional development improve your skills or benefit your work?

How do you hope to implement what you have learned?

College Pathway Information (if applicable)

If this professional development is part of a college pathway, please attach a list of all courses required for the certificate, Associate of Arts/Science (AA/AS), or Bachelor's degree program.

Stipend Eligibility (Per Article 23 of the CSEA Agreement)

Check all that apply:

- ☐ This activity is unpaid by the District and will contribute toward the non-degree stipend (162 hours = \$500) (9 college units or 162 hours = \$500).
- ☐ This activity is related to earning an Associate Degree (\$750 stipend).
- ☐ This activity is related to earning a Baccalaureate Degree (\$1,000 stipend).

Note: Documentation of completion must be submitted to Human Resources. Units and activities may be carried forward until completion of stipend requirements. Once the required hours or degree is completed, the stipend will be awarded on a continuous basis in accordance with the contract.

Approvals

Routing: Submit directly to the Superintendent for approval.

Employee Signature: _____ **Date:** _____

Superintendent Approval: ☐ Approved ☐ Denied

Signature: _____ **Date:** _____

Submission Instructions

- Submit this form prior to the first day of the class or professional development event.
- The Superintendent will approve or deny the request and forward it to the employee within 5 working days.
- If denied, the employee may submit a written appeal within 5 working days of the receipt of the initial denial. The Superintendent will respond in writing within 5 working days of the appeal.
- A copy will be returned to the employee for follow-up documentation if needed.

For District Office Use Only

Date Received: _____

Reviewed By: _____

Comments: _____

For District Office Use Only:

Approved ☐

Denied ☐

Funding

PO #