



REQUEST FOR PROFESSIONAL GROWTH CREDIT

Employee: _____ Date: _____

Job Title: _____

Title of Course to be taken: _____

Dates of Course: _____

Course to be taken at: _____

Unit Value: _____ Semester/Quarter Units (Circle One)

How does this course relate to your job assignment?

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Article 17.11.1.3 **Units shall be approved in advance by the Superintendent/President**

Note: It is the employee's responsibility to secure their direct supervisor's signature and file the required verification/transcripts with the office of Human Resources in accordance with Section 17.11.1.10 of the agreement between CSEA and the West Kern Community College District.

Superintendent/President Use Only

Approved: Not Approved:

Superintendent: _____ Date: _____

Copy of action returned to employee: _____ (Date)