

**SANTEE SCHOOL DISTRICT
CLASSIFIED EMPLOYEES PROFESSIONAL GROWTH PROGRAM**

Approval Request Form

(Prior approval by Assistant Superintendent, Human Resources,
is required. If your immediate supervisor is not available
to sign request form, contact Human Resources.)

Date _____

Name _____ Position _____
School or _____ Date employed _____
Location _____ in this position _____

I request prior approval of the following activities to be applied as credit toward my professional growth increment:

Start/End Dates	Title of Course Activity	Course #	College/ Organization	Total Units	Semester or Quarter
/					
/					
/					
/					

Description of course/activity content: _____

Signature _____

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To be completed by Supervisor

Recommended _____ Not Recommended _____

Comments: _____
Signature _____ Date _____

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To be completed by the Human Resources Department

Approved _____ Disapproved _____

Comments: _____

Signature _____ Date _____

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White - Human Resources Yellow - Supervisor Pink - Employee