

**Sweetwater Union High School District**  
Human Resource Services Division

DOH _____ Trad / YRS
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**Application for Course Approval and/or Increment Payment for Classified Professional Growth**

To: **Division of Human Resources**

From: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
(PLEASE PRINT) Last Name First Name

Social Security No.: \_\_\_\_\_ Work Site: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

I request approval of the following course(s) to be applied toward the classified professional growth program:

Name of Institution (college/school)	Date course(s) taken/to be taken	Department & Course Number	Course Title	Number of Units		* Course Objective Insert No. (see below)	Is/Was this course taken during your work hours or reimbursed by Dist:	
				Qtr	Sem		Yes	No

**\*Course Objective: (1) Job-related, (2) College Degree, (3) Self-improvement**

If class(es) related to your pursuit of a degree, please indicate your degree major: \_\_\_\_\_

I am not eligible for a professional growth increment at this time. My check here  denotes that this form is being submitted for course approval only. I will be eligible for my (1<sup>st</sup> /2<sup>nd</sup> /3<sup>rd</sup> /4<sup>th</sup> /5<sup>th</sup> /6<sup>th</sup>) professional growth increment for Semester I or Semester II.  
(Circle appropriate number) (Circle appropriate number)

I understand that to be eligible for payment for a professional growth increment, this application identifying eligibility for the applicable increment is due in the Human Resource Services Division by no later than **September 30 for Semester I and February 28 for Semester II**. The burden of proof for the professional growth increment is the employee's responsibility. An official copy of the college, university transcript, adult school or ROP Certificate of Competence and an official document from the institution which identifies the course number system, grading, and the units of work (such as quarter or semester units), and any other material pertinent to the interpretation of the official transcripts must be submitted by the employee to the Human Resource Services Division by **December 31 for Semester I and May 31 for Semester II**.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The course(s) identified in this form is/are: APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_ (as noted below)

Comment: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Director of Classified Personnel or Authorized Designee

**Submit all copies to the Human Resource Services Division**

Final Distribution: Employee  
Personnel File

Form No. 8022 - Revised 1/31/03  
(Replaces #8019/#8020 #8022)