

**PITTSBURG UNIFIED SCHOOL DISTRICT  
HUMAN RESOURCES OFFICE**

**NOTICE OF INTENTION TO IMPROVE PROFESSIONALLY  
CLASSIFIED PROFESSIONAL GROWTH PROGRAM**

**(Needs approval from Human Resources prior to class enrollment)**

Please submit no later than the 10<sup>th</sup> of the month.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

WORK CLASSIFICATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

**I PLAN TO COMPLETE AND REQUEST APPROVAL FOR THE FOLLOWING PROFESSIONAL TRAINING:**

- I understand that official transcripts and any other necessary verification documents must be placed on file in the Human Resources office, **no later than the 10<sup>th</sup> of the month**, in order to be effective on the next pay warrant.
- I understand that the following are examples of courses that may be approved for advancement on the Classified Employee Salary Schedule:
  - Universities, Colleges & Community College courses.
  - Eighteen (18) hours equals one unit for the following training.
    - ◆ Workshops, seminar and conferences that are not District funded
    - ◆ Adult Education
    - ◆ Trade schools
- I understand that any courses paid from District/State/Federal funds cannot be used for monetary award.
- I understand that it is possible to re-evaluate my courses with the Assistant Superintendent of Human Resources if they have not been approved.

**ADDED NOTE:**

- All Classified employees, except Instructional Aides, are eligible to enroll in the Professional Growth Program.
- Approved Professional Growth credits that have been completed and paid for by the employee may result in a District paid monetary award. An award of \$50 per month for 12 units of approval credit shall be granted to full time employees upon successful completion of courses.
- Any award for approval credit of Professional Growth shall be pro-rated for the part-time employees.
- No employee shall earn more than 12 units per year.
- Credit for Professional Growth is limited to a total of 72 units (A total of 6 Professional Growth Awards).

Summary of Professional Training (be specific, if possible)				
Institution	Course	Number of Units	Date Beginning	Date Ending

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HUMAN RESOURCES USE ONLY:**

Evelyn Tamondong-Bradley, Assistant Superintendent, Human Resources \_\_\_\_\_

Date: \_\_\_\_\_

**Distribution:**

Send completed form to: Human Resources

Approved copy to: Employee

CSEA contract redone April 2010

MOU signed 1/16/2008 changed, received April 2010