PROFESSIONAL GROWTH INTENT FORM

In accordance with the contract between the California School Employees Association and the Earlimart Elementary School District, Classified Employees contemplating a salary stipend because of college units/certifications should file a notice of intention to request the professional growth stipend.

Name:_____   Position title:_____

____ I have _____units/license/certification and already receive a professional growth stipend.
____ I intent to obtain _____ units/license/certification and wish to have an evaluation on eligibility.
____ I am a new ESD Employee and wish to have an evaluation on eligibility.

EVALUATION:
All courses/certifications should be as specified in the current CSEA Collective Bargaining Agreement.

FOR UNITS:
Approved units shall be identified as units taken in Math, Science, English, Computer Technology, History, Psychology, Foreign Languages, and Sociology, or any other coursework related to the employees employment.

Name of University/College Institution: _____
Total number of semester units requested for evaluation: _____

FOR LICENSES/CERTIFICATIONS:
Must be reasonably related to their current classification, and that are awarded by professional organizations, educational institutions, certification program, or trade school and approved by the District.

Name of Issuing Institution: _____
Title of license/certification requested for evaluation: _____

SUMMARY OF PROFESSIONAL TRAINING					
Institution	Course Title/ Certification	Quarter Units	Semester Units	Term of Certification	Completion Date

PLEASE RETURN THIS FORM TO YOUR SITE ADMINISTRATIVE ASSISTANT BY May 1.

Employee's Signature: _____   Date:_____

Department/Site Administrator's recommendations, comments, etc.:_____

_____

Administrator's Signature: _____   Date:_____

Approval of Superintendent/Designee:_____   Date:_____

_____/_____/_____   _____   _____/_____/_____   _____
Form received by H.R. Dept.   Initials   Transcripts received by H.R. Dept.   Initials