

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT HUMAN RESOURCES DEPARTMENT
PROFESSIONAL GROWTH PROGRAM FOR CSEA CLASSIFIED EMPLOYEES
REQUEST FOR COURSE APPROVAL FORM (Pre-Approval)

Employee Name _____ Date _____ ID# _____ Supervisor Name _____

Job Title _____ Full-Time/Part-Time _____ Location _____ Dept. _____

I understand that a total of 12 units/points must be earned for each increment.

Please note: 1 semester unit = 1 unit/point; 3 quarter units = 2 semester units; 16 Hours = 1 unit/point.

| Course/Seminar | Course/Seminar Title | General Units/Hours | Job Related Units/Hours | Dates of Course/Seminar |
|----------------|----------------------|---------------------|-------------------------|-------------------------|
| | | | | |

Units Measured by ___ Hours ___ Semester ___ Quarter ___ College/Site

Please include a detailed description of the course or seminar, such as the information provided in a course catalog or official seminar listing.

Please describe how the course or seminar meet the criteria as outlined in article 22.4.5 of the CSEA contract.

I understand that District activities are not eligible for credit if the district pays any required fees, and I attend during scheduled working hours, unless I use vacation or compensatory time off to attend. A unit member must submit the Request for Course Approval Form to Human Resources within 30 days prior to the start of the course and before enrolling.

Once course(s) is completed, the unit member is responsible for submitting their Professional Growth Request for Salary Credit Form to Human Resources.

Employee Signature _____ Date _____

REVIEWED / APPROVED BY HUMAN RESOURCES (FOR HR USE ONLY)

This is to certify that above course/seminar has met the professional growth requirements as per the CSEA Contract Article 22 Professional Development and Professional Growth Program.

Approved: HR Signature/Date _____ Denied: HR Signature/Date _____