

Azusa Unified School District
Professional Growth Award Application

Submit to Human Resources Office by March 1.

Employee _____ Title _____ Work Site _____
 Applicant for: _____ 1st Award _____ 2nd Award _____ 3rd Award _____ 4th Award

I am submitting the following list of courses for consideration towards Professional Growth Credit in course Work:

Title of Course	Semester Unit	Quarter Hours	Six Week Class	Date Completed

I am submitting the following list of activities for consideration towards Professional Growth Credit in Special Activities.

Special Activities	Hours of Service	Date Completed

I understand that it is my responsibility to maintain my own file of report cards, transcripts, or other acceptable certification of courses completed (a passing grade of “C” or better is necessary to receive credit) and those items are attached. I am aware that verification of attendance for approval of special activities is required and I am including a fee statement, program of activities, or registration receipt. I am including written verification of community leadership as required.

Signature of Applicant _____ Date _____

I agree that the professional growth activities submitted by this employee are appropriate.

Signature of Supervisor _____ Date _____

Review Committee Action: _____ Approved _____ Not approved
Date: _____ Signature: _____