



Application for Award for Professional Growth

Classified Employee

Employee Name: _____

Date of Application: _____

Courses/Activities	Semester Units	Optional: Was this activity listed on your Education Plan?		Was this activity completed on conference leave or during work hours?		Did Gavilan College pay your tuition or fees?	
		Yes	No	Yes	No	Yes	No

To include all information, attach additional paper if necessary.

Please attach the approved Permission to Enroll form and verification of completion for each course or activity listed (e.g. official grade report, official transcript, certificate of completion, etc.) The Professional Growth Award will be paid annual pursuant to Article 9 of the CSEA bargaining agreement. Please submit to Professional Growth committee via email: team-professional-growth@gavilan.edu.

(For further information, see the Classified Employment Contract.)

FOR COMMITTEE USE ONLY

Date Received by Chair: _____

Date Presented to Committee: _____

Date Approved: _____

Amount: _____

Date Disapproved: _____

Reason: _____

Initials of Committee Members:

Approve:

Disapprove:

- | | |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

Date Received by Personnel: _____

Date Processed by Personnel: _____