



# RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

## PROFESSIONAL GROWTH PROGRAM REQUEST FOR UNIT APPROVAL

To: Educational Incentive Reviewing Committee

From: Employee Name \_\_\_\_\_

1. I herewith request approval of the following course/activities for professional growth credit.

Academic Course: \_\_\_\_\_

Course Title and Number: \_\_\_\_\_

College or Institution: \_\_\_\_\_

When course will be taken: \_\_\_\_\_

Number of Units: Semester \_\_\_\_\_ Quarter \_\_\_\_\_ (A quarter unit is equal to 2/3 of a semester unit.)

2. Activities, institutes, conferences, workshops, etc. (specify the activities/institutes you plan to attend. Indicate number of hours, subject matter and/or general content.) Attached is a copy of my unit verification form.

\_\_\_\_\_  
\_\_\_\_\_

2.1 Number of hours requested \_\_\_\_\_ (15 hours—one (1) Professional Growth Unit)

3. If appropriate, briefly identify the relationship of this activity to your current position:

\_\_\_\_\_  
\_\_\_\_\_

(Note: Applicant should be aware of the maximum allowable units in the various areas.)

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Approved  Disapproved

Date of review by Educational Incentive Reviewing Committee \_\_\_\_\_  
 Approved  Disapproved