

Santa Maria Joint Union High School District
**REQUEST FOR PAYMENT FOR PROFESSIONAL GROWTH
UNITS**

Prior approval must be obtained from the Director of Classified Human Resources in order to be eligible for payment. Verification of completion of the approved course must be attached to this form. Verification may be a grade report, transcript, or certification. Please refer to the professional growth program description in Article 3.6 of the CBA.

Employee Name: _____ **Date:** _____

Department/Site: _____

Course/Title	Units Earned	Dates Enrolled

Educational Institution: _____

Employee's Signature

Note: Prior approval and verification of completion is required for compensation.

To Be Completed by the Human Resources Department

Course/Grade Verification by: (Check one.)

<input type="checkbox"/>	Grade Card
<input type="checkbox"/>	Transcript
<input type="checkbox"/>	Certification
<input type="checkbox"/>	Other:

Director of Classified Human Resources

Date

cc: Employee File
Supervisor
Payroll