



**OXNARD ELEMENTARY SCHOOL DISTRICT**  
**PROFESSIONAL GROWTH PROGRAM PARTICIPATION**  
**CLASSIFIED EMPLOYEES**

Please attach verification of completion/attendance (grade card, transcript, certificate, signature of teacher or proctor, etc.) Forward to Classified Personnel Office for Professional Growth credit.

Requests must be received in Classified Personnel no later than one year from date of completion. Increments must be completed and submitted to the Classified Personnel Office for credit by **June 10** of each year. An annual monetary award will be paid on the first warrant issued for time worked after July 1.

I certify that this request for Professional Growth credit is/was taken at my own expense and not on district time. There was no district reimbursement for this professional credit. I am requesting approval of the following items:

*Do not use the two last columns.*

**SCHOOL CREDIT/COURSE WORK/SEMINARS/DISTRICT COMMITTEES**

Circle one ↓

↓

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DATE OF EVENT	DATE COMPLETED	DESCRIPTION/ COURSE TITLE AND NO.	LOCATION	UNITS SEM / QTS / HRS	HOURS EARNED	CREDIT GIVEN
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.			Human Resources TOTALS			

What Degree are you working towards? \_\_\_\_\_

Explanation of course content and how it would benefit your current position or district: \_\_\_\_\_

**(Must provide a copy of your time card if any of these courses were taken during working hrs and workshop certificates must show total hrs. A copy of the days and times of your courses must also be attached with your transcript. If these requirements are not attached, you might not be getting the points you are requesting approval for.) Please note that you can't change your work schedule to be able to attend your classes.**

Complete rules are in the C.S.E.A. Contract; Article 11: Professional Growth Awards Program, pages 24-29.

NAME \_\_\_\_\_ Phone/Cell #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CLASSIFICATION \_\_\_\_\_ WORK SITE \_\_\_\_\_ SCHEDULE: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_ PSL# \_\_\_\_\_

**\*\*\* If you need a copy of your professional growth summary, please stop by the classified personnel office to request it. \***

**CSEA Representative/ P. Growth Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**PERSONNEL USE ONLY:**

APPROVED \_\_\_\_\_ REASON \_\_\_\_\_  
 DISAPPROVED \_\_\_\_\_ Date \_\_\_\_\_

Director of Classified Personnel

APPROVED \_\_\_\_\_ REASON \_\_\_\_\_  
 DISAPPROVED \_\_\_\_\_ Date \_\_\_\_\_

Assistant Superintendent of Human Resources

**PROFESSIONAL GROWTH**

CREDIT GIVEN:  Yes  No  Partial Under Section: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Posted: \_\_\_\_\_

Courses  Dates (June 21– June 20) & Grades  Time Card attached (if necessary)  Input credits By: \_\_\_\_\_ Revised: 7/1/09