



PROFESSIONAL GROWTH INITIATIVE
ACTIVITY PLAN

In accordance with Article 16 of the District/CSEA agreement and the District procedures, this form must be completed prior to engaging in an activity that will lead to the Professional Growth Initiative allowance. In completing this form, the employee shall follow the Professional Growth Guidelines.

ACTIVITY DESCRIPTION

Employee Name _____ Employee Number _____

[] Alternative Work Schedule Attached (if applicable)

Professional Organization or Institution _____

[] Student Educational Plan Attached

Supervisor Use Only (initial one)
[] Approved [] Approved with exception (exception noted below) [] Denied

OR

Table with columns: Title of Course, Workshop or Activity; Sem. Unit; Qtr. Unit; Activ. Hrs.; No.; Explanation/Justification; Supervisor Use Only (initial one) with sub-columns for Approve and Deny.

SIGNATURES/APPROVALS (MUST BE OBTAINED PRIOR TO THE START OF ACTIVITY)

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Reason for Denial (If applicable) _____

Associate Superintendent/Vice President Signature _____ Date _____

[] Approve [] Deny Reason for Denial (If applicable) _____

VERIFICATION OF COMPLETION

I certify that the number of units identified in the check box below have been successfully completed as indicated on the attached documentation (letter, certificate, transcript).

- [] 15 units completed Employee _____ Date _____
[] 30 units completed Employee _____ Date _____
[] 45 units completed Employee _____ Date _____
[] 60 units completed Employee _____ Date _____

Filed in the employee's personnel file by _____ Date _____