

CLASSIFIED PERSONAL GROWTH FORM

1. PRIOR TO ENROLLMENT, Complete and submit to the Human Resource (HR) Office for approval.
2. A copy of the approved form with your verification of coursework completion(s) must be submitted to HR no later than May 30th for the current year allocation.

A. EMPLOYEE NAME: \_\_\_\_\_  
 C. SCHOOL/DEPARTMENT: \_\_\_\_\_  
 D. CURRENT POSITION: \_\_\_\_\_

<u>Company/Institution</u>	<u>Course #</u>	<u>Course Title</u>	<u># Hours</u>	<u>#Semester Unit</u>	<u># Quarter Unit</u>	<u>Date Course Begins</u>	<u>Date Course Ends</u>

3. Please briefly state the objective of these courses and their relationship to your current position or desired career path.

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

Employee Signature

Date

<b>FOR SUTTER COUNTY SUPERINTENDENT OF SCHOOLS USE ONLY</b>	
<b>APPROVED</b> _____	<b>DENIED</b> _____

Course/class completion verified by: Transcript/Certification/other (circle one)  
 Amount to be paid \$ \_\_\_\_\_ \$50.00 per unit (Maximum of six (6) units)

Director, Human Resources

Date