

## PROFESSIONAL GROWTH

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**\*1 Course per page**

Coursework			
Course #	Course Title/ Description	Begin Date	School/ College
<b>EXAMPLE: CSIS 120</b>	<b>Keyboarding</b>	<b>August 26, 2019</b>	<b>Gavilan College</b>

The Professional Growth Program permits classified employees to earn salary increments for completing an approved planned course of study leading to a license, certificate of completion, Associate of Arts degree, Bachelor's degree, Master's degree, or a Doctorate.

To receive a professional growth increment, employees must file all appropriate forms and verifications in sequence.

1. An approved planned course of study (e.g. Educational Plan, Individual Learning Plan, etc) must be on file with the CSEA Professional Growth Committee. *Not required to submit with Professional Growth Permission to Enroll .*
2. Prior to enrolling in a course that is listed on the approved course of study, the employee shall submit a Permission to Enroll form for **each course or activity** taken. To submit please email the complete form to the Professional Growth Committee to: [team-professional-growth@gavilan.edu](mailto:team-professional-growth@gavilan.edu).  
The Professional Growth Committee makes recommendations to the Superintendent/President and/or designee for final approval/disapproval. Upon disapproval of Permission to Enroll, the form will be returned to the employee prior to the final date to withdraw and receive fee reimbursement. Whenever possible, the Permission to Enroll should be submitted to the chair one (1) month prior to the starting date of Course.
3. A grade of "C" or better shall be accepted for credit or verification of hours attended for non-credit classes.
4. Upon completion of coursework and/or activity, it is the employee's responsibility to submit the appropriate Application for Award form along with all necessary documentation of successful completion.

**(For Further Information, see the Classified Employment Contract, Article 9)**

### FOR COMMITTEE USE ONLY

Date Presented to Committee: \_\_\_\_\_

Initials of Committee Members:

Date Received by Chair: \_\_\_\_\_

Approve:                      Disapprove:

Date Approved: \_\_\_\_\_

1.                                      1.

Date Disapproved: \_\_\_\_\_

2.                                      2.

Reason: \_\_\_\_\_

3.                                      3.

4.                                      4.

 \_\_\_\_\_  
 President/ Superintendent Signature

 \_\_\_\_\_  
 Date