

# BERKELEY UNIFIED SCHOOL DISTRICT

## Classified Employee Professional Growth REQUEST FOR COURSE APPROVAL

This form must be filled out and submitted to the Human Resources Analyst at least two weeks PRIOR to taking courses for which approval is being requested. PRIOR APPROVAL must be obtained for all course work taken for the purpose of professional growth. Please email this form to malikaupshur@berkeley.net.

\_\_\_\_\_  
*Name*
*SSN or EEID#*
*Date*

\_\_\_\_\_  
*Job Title or Classification*
*Site or Location*

I request that Professional Growth credit be approved for the following course(s):

						<b>HR USE ONLY</b>	
Course Number	Date to be taken	Course Title	College or Adult School	Units Sem	Units Qtr	Job Rel.	Gen.

Description of course content (Descriptive information from the school may be attached):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OBJECTIVE IN TAKING THE COURSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Applicant's Signature*  
 \_\_\_\_\_  
 HR USE ONLY

Course information verified by: \_\_\_\_\_  
 Office of Human Resources

*Professional Growth Committee* *Date*

Course disapproved: \_\_\_\_\_ *Date*  
*For Committee*

Reason(s) for disapproval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_