LARKSPUR-CORTE MADERA SCHOOL DISTRICT

CLASSIFIED APPLICATION FOR APPROVAL OF PROFESSIONAL GROWTH COURSEWORK OR ACTIVITY

Please read: The Professional Growth Program rewards professional development and personal growth that will contribute to the knowledge and skills that the employee brings to their job in the District.

Unit members may request for staff development funds to cover costs of an approved seminar, workshop, course, etc. Unit members are eligible for a **maximum** of five-hundred ($500.00) dollars of staff development funds each fiscal year and shall be **pro-rated** for part-time unit members in the ratio that their daily hours bear to eight (8). Amounts spent in excess of the maximum will be the responsibility of the employee. ***Please keep a record*** of your allocation less reimbursements for your reference. Amounts in excess of balance will not be reimbursed. Amounts not used expire June 30 and do not roll over into the next fiscal year.

This document will serve as a request for approval and will be submitted to your Administrator for signature**. To receive reimbursement, the employee will submit this approved form along with an expense reimbursement form,** receipt(s) and proof of attendance to Accounts Payable/D.O. within one month of attendance. Reimbursement will be issued within one month of the District Office's receipt of all properly executed documentation. Please see Article 15 and Appendix B of the CSEA contract for more information. The contract may be viewed online under Administration, Human Resources, Contracts.

Employee completes this section:

I have attached information regarding the following course(s) and hereby **request approval** for the following course(s) to be reimbursed from my professional growth funds allocation:

Course or Activity Name	Location	Date

Substitute required: Yes ☐ No

Or, I hereby submit notice that I am requesting reimbursement from my professional growth funds allocation for an activity (or activities) that are **pre-approved** by the CSEA contract Article 15 as listed in Appendix B. Please list the activity (or activities), as defined by the contract, below:

_____

Registration fee: _____ Other expense amount and description: _____

I hereby certify, by my signature, that the above is true and correct:

Employee name:_____ Employee Signature: _____ Date: _____

To be completed by Administrator: Administrator name (print): _____

Coursework/Activity approved: Yes No Administrator signature: _____

To be completed by District Office: District Office name (print): _____

Reimbursement request accepted: Yes No District Office signature: _____

Comment: _____