CLASSIFIED EMPLOYEES GROWTH INSERVICE PROGRAM

Directions:

- 1. Complete form
- Attach Course Description of class(es) you wish to take.
 Consult with your immediate supervisor.
- 4. Submit form to Human Resources Office prior to enrollment.
 - Notice of approval or denial will be returned to employee.

5. Upon completion of class, submit receipts and official grade card to Human Resources Office.

Employee	Position		Location	Date	
Accredited institution at which you i	ntend to enroll:				
List class(es) you plan to attend. Att	ach a copy of course of	description from catalog.			
Class(es) begin on					
Anticipated cost of tuition: \$ Please state reasons why this class(6		nticipated cost of books:			
Supervisor's signature indicates con	sultation, not approva	al, regarding this request			
Supervisor		Date			
		AN RESOURCES OFFICE			
Request received in Human Resourc			Request Approv	red 🗌 Request Denied 🗌	
Assistant Superintendent, Human Re	esources	Date		_	
Receipts and original grade card have been received.		Reimbursement Appro	oved 🗌 Rei	mbursement Denied 🗌	
Amount of Reimbursement: Tuition \$		Books \$		Total \$	
Comment:					
Assistant Superintendent, Human Resources		Date		_	
Section 15.2: better and/or the equivalent. Members of the bargaining un program for which they wish	it may be reimbursed full o it who wish to be considero to receive credit. This req 's immediate supervisor. T	ed for participation in the Grow uest shall be made on the Distr 'he Assistant Superintendent, Hu	th Inservice Program m ict form to the Assistan	rsework completed with a grade of "B" or ust apply prior to their involvement in the t Superintendent, Human Resources, after otify the member of the bargaining unit as	