



PROFESSIONAL GROWTH PRE-APPROVAL FORM

EMPLOYEE: _____ **Date:** _____

Current position: _____ **Semester Date for this Pre-approval:** _____

Where will course be taken (Institution Name) :

100 % Online Course; On-Campus Course; Online & On-Campus

*Course title #1 _____ Course title #2 _____

*Course title #3 _____ Course title #4 _____

Course of study, if applicable; i.e., AA/BS-BA: _____

Degree requirements from institution are attached, if applicable.

This professional development activity meets both of the following requirements:

- It does not occur during my regular work hours.**
 I will not be reimbursed for any expenses for this professional development.

Check at **least one** box below, as applicable:

- It is relevant to my current position or one for which I am training at SLOCOE.
 It is designed to improve service to SLOCOE and further my personal development for my current position.
 It is required for a degree program appropriate to service at SLOCOE.
 It goes toward a requirement that must be obtained for current employment.

I realize that I must obtain a grade of "C" or better when a letter grade is given or a Pass (if the course is Pass/Fail).

Employee: _____ Date: _____

Supervisor: _____ Date: _____

A copy of the approval form will be returned to you for your files.

For Human Resources/Professional Growth Committee

Date documents received: _____

Pre-approved: _____ Professional Growth Committee Member – CSEA Member _____ Date _____

Professional Growth Committee Member – Management Member _____ Date _____

Date approval returned to employee: _____

Employee's Hire Date: _____ Probation Ending Date: _____

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