

**Professional Growth Course Credit Form
(Classified Employees)**

MUST BE COMPLETED BY APPLICANT

- _____ Inservice Course
- _____ Adult Education Course
- _____ Seminar/Conference
- _____ College Credit

To Be Completed By Applicant:

SS# _____ Date of Course _____
 Name _____ School/Dept. _____
 Course Title _____ Job Title _____
 Course Number _____ Number of Clock Hours _____ Number of Credits _____
 Professional Growth Plan on File? ____Yes ____No
 If College Credit, name of institution _____

Applicant's Signature _____

JCAEOP Professional Growth Designee Signature _____ Date _____

To Be Completed By Instructor:

Total Hours Attended: _____ College Credit (Verified through transcript): _____
 Instructor's Signature _____ Date _____

Classified Recruitment and Employment Request For Remuneration:

Credit/Clock Hours Verified _____ Signature _____
 Date _____

LEVEL _____