

**CERRITOS COMMUNITY COLLEGE DISTRICT
REQUEST FOR PROFESSIONAL GROWTH PROGRAM
CLASSIFIED BARGAINING UNIT EMPLOYEES**

Name: _____

Job Classification: _____

Full-Time
 Part-Time

Title of Activity: _____

Division/Department: _____

Ext. _____

Description of Activity: _____

(Supply a copy of the brochure, agenda or program of the conference, convention, seminar, etc., or specific titles and descriptions of each course.)

Date(s): _____ Times: _____ Location: _____

Please describe how this activity is related to your current job responsibilities and/or the manner in which the proposed coursework will broaden your opportunity for promotion within the service of the District. If the course work is part of a degree program, also include the proposed degree and the major:

Amount Requested:

Reimbursement

Prepayment

Conventions, Conferences, Etc.

Registration Fees \$ _____

Books/Materials _____

Transportation (_____ mi. @ _____) _____

Parking _____

Lodging _____

Meals _____

Other: _____

Total \$ _____

Formal Education Courses

Registration Fees \$ _____

Books/Materials _____

Parking _____

Other: _____

Total \$ _____

I certify that this is a reasonable estimate of expenses. If this request is approved, I agree to submit ALL original receipts to the Personnel Services Office for reimbursement within ten (10) working days after completion of the approved activity. Actual expenses more than estimated will be paid in accordance with the provisions of the attached procedures. **VERIFICATION OF COMPLETED COURSE WORK IS REQUIRED.** I understand that failure to complete a pre-paid activity will require me to **reimburse** the Professional Growth fund. I further understand that due to a change in the tax laws effective July 1, 1992, the District is required to report educational reimbursements paid to employees as a taxable benefit and that it is my responsibility to contact my tax consultant to discuss my individual tax liability at the time of filing my taxes.

Employee's Signature

Date

This form must be submitted to Human Resources by the 3rd Friday of the month

(Continued on reverse side)
OP-36
January-07

(For Professional Growth Committee Use Only)

Recommendation:

Approved

Disapproved
(Indicate reasons for disapproval below)

Approved

Disapproved
(Indicate reasons for disapproval below)

Approved

Disapproved
(Indicate reasons for disapproval below)

Approved

Disapproved
(Indicate reasons for disapproval below)

\$ _____

Chairperson, Professional Growth Committee

Date

Comments _____

