



**SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT
CLASSIFIED PROFESSIONAL GROWTH AWARD**

(PLEASE SUBMIT ONE APPLICATION FORM PER COURSE)

In order for your application to be considered complete the following must be attached:

- 1. A copy of the course description**
- 2. Original transcripts**

(NOTE: EMPLOYEES MUST HAVE COMPLETED THE 12 MONTH PROBATIONARY PERIOD)

Name: _____

Employee # _____ SSN# _____ Location: _____ Ext _____

Dept: _____ Supervisor: _____

Job Title: _____

Work Schedule: Sun _____ Mon _____ Tues _____ Wed _____

Thurs _____ Fri _____ Sat _____

Have you completed the 12 month probationary period? _____

COURSE INFORMATION:

Type: Adult Education College Course - Semester _____
 Seminar Workshop
 Special Program Other: _____

Location: _____ Dept. & Course # _____ () Day () Eve

Title: _____

Start Date: _____ End Date: _____ Days: _____ Time: _____

Units Earned: _____ (OR) Hrs. of Credit: _____ Final Grade: _____

EXPLANATION OF COURSE BENEFIT: (Attach a separate sheet if necessary)

VERIFICATION STATEMENT

The District is not paying the above course nor is this course being attended during scheduled work hours. In accordance with Article XX of the CSEA Collective Bargaining Agreement. In accordance with article 20 of the CSEA contract.

SIGNATURE

DATE