

SAN JOSE/EVERGREEN COMMUNITY COLLEGE DISTRICT CLASSIFIED PROFESSIONAL GROWTH AWARD

(SUBMIT ONE APPLICATION FORM PER COURSE)

<u>Please attach a copy of the course description</u> from the schedule of classes or the catalog to the application:

(NOTE: UNIT MEMBERS MUST HAVE COMPLETED THE PROBATIONARY PERIOD)

Note: Courses taken thru the district's fee waiver program at SJCC or EVC are not eligible for the professional growth program.

Name:				
Employee # We	ork Site:	Ext		
Dept:	Supervisor:			
Job Title:				-
Work Schedule: Sun	Mon	Tues		Wed
List Work Hours:	Fri		Sat	
Have you completed the probatio	nary period?_□ Yes □ No			
Seminar Worksho	– Semester		-	
Location:	Dept. & Course #			_ () Day () Eve
Title:				
Start Date: En	nd Date:	Days:	Time:	
Units Earned:	(OR) Hrs. of Credit		Final G	rade:
EXPLANATION OF COURSE I	BENEFIT: (Attach a separ	rate sheet if necessa	ry)	

VERIFICATION STATEMENT

The District is not paying the above course <u>nor</u> is this course being attended during scheduled work hours. In accordance with Article 20 of the CSEA Collective Bargaining Agreement.

SIGNATURE

DATE