



LOMPOC UNIFIED SCHOOL DISTRICT
CLASSIFIED HUMAN RESOURCES
 Personnel Commission
 1301 North A Street, Post Office Box 8000
 Lompoc, CA 93438-8000
 (805) 742-3220 Fax (805)742-3278

PROFESSIONAL GROWTH PROGRAM
REQUESTED COURSES FOR PROFESSIONAL GROWTH CONSIDERATION AND/OR CREDIT

Employee Name:

Job Title:

Date:

I plan to enroll in the courses listed below:

Name of College/Organization:		
Course/Workshop Name:	Course/Workshop #	
Date Course Begins:	Date Course Ends:	
*Action of the Committee after review of transcript:	Approved:	Disapproved:

Name of College/Organization:		
Course/Workshop Name:	Course/Workshop #	
Date Course Begins:	Date Course Ends:	
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Course/Workshop Name:	Course/Workshop #	
Date Course Begins:	Date Course Ends:	
*Action of the Committee after review of transcript:	Approved:	Disapproved:

***Upon submission of my official transcripts or other admissible verification, (Classified Bargaining Unit Contract Article 13.6.1.3), I request review and consideration by the Professional Growth Committee to be granted points toward my Professional Growth increment.**

Dated: _____ Signed: _____

Dated: _____ Signed: _____
 Director, Classified Human Resources