

<p>CERTIFICATED Application for Professional Growth RESCUE UNION SCHOOL DISTRICT</p>	<p>For Payroll Use Year Credited: _____ Total Semester Units: _____ By: _____</p>
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Please obtain site administrator signature in advance of enrolling in classes. Submit this form to the District Office by June 1st with proof of registration or transcripts.

NAME	EMPLOYEE ID #	DATE
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CREDIT FOR SCHOOL YEAR BEGINNING:	SITE
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I have completed, or will complete, the following course(s) being submitted for professional growth (contract unit credit). Attached is verification of successful completion. (*see below)

1)				For D.O. Use: Registration Only Complete
University or College:				
No of Units:	Semester: _____	Quarter: _____	CEU's: _____ Hrs/units (Circle hours or units)	
Course Title:			Course No:	
Course Start Date:		Course End Date:		

(2)				For D.O. Use: Registration Only Complete
University or College:				
No of Units:	Semester: _____	Quarter: _____	CEU's: _____ Hrs/units (Circle hours or units)	
Course Title:			Course No:	
Course Start Date:		Course End Date:		

(3)				For D.O. Use: Registration Only Complete
University or College:				
No of Units:	Semester: _____	Quarter: _____	CEU's: _____ Hrs/units (Circle hours or units)	
Course Title:			Course No:	
Course Start Date:		Course End Date:		

(4)				For D.O. Use: Registration Only Complete
University or College:				
No of Units:	Semester: _____	Quarter: _____	CEU's: _____ Hrs/units (Circle hours or units)	
Course Title:			Course No:	
Course Start Date:		Course End Date:		

Employee Signature:	Date:
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Site Administrator Signature:	Date:
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* **SUBMISSION DEADLINE:** This Professional Growth Form, with transcripts, must be submitted to the District Office by **June 1st**. Proof of registration for summer classes **MUST** be attached to this form. Transcripts for summer classes **MUST** be submitted to the District Office by **September 1st**