

PRIOR APPROVAL
PROFESSIONAL GROWTH FUNDS

(pre-approval required, request NOT accepted after activity)

Date: _____ Name: _____

Position: _____ Location: _____ Phone: _____

Indicate work group:

CTSA

Certificated Administrators - PACB

Transportation (SEIU 925)

District Leadership

Description of Activity: _____

Where: _____ Date: _____ Cost: \$ _____

How does this activity enhance your professional growth? _____

If this is for a membership, please indicate the organization name and cost of membership:

Organization: _____ Cost: _____

Please include membership application forms, conference agenda, registrations, price of event and other supporting documentation when submitting funds request.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Approval: _____ Date: _____

For Human Resource use only

Approval total: _____

Budget Code: _____