

CAJON VALLEY UNION SCHOOL DISTRICT

DECLARATION OF INTENT

Request for Approval of Professional Growth Course(s) for Classified Employees

****Reimbursement can only be considered with prior approval of course work by the committee.****

NOTE: Because the funds are limited in this program, and to better insure your reimbursement, you should submit this form immediately upon registering, listing your estimated costs so your projected expenditures can be reserved. After this form is received, it will be reviewed by the committee and you will be informed of the committee approval/disapproval.

Employee Name (Please print) _____ Soc. Sec. # _____

Job Title _____ Work Site _____ Work phone _____

Dates to be Taken (A)	Course Number and Course Title/Description (B)	School Attending (C)	Sem Units (D)	Qtr Units (E)	Credit/ Non Credit (F)

Estimated Associated costs: Tuition _____ Books _____
Upon completion of course work, YOU MUST SUBMIT ORIGINAL RECEIPTS AND GRADE SLIPS TO RECEIVE REIMBURSEMENT. REIMBURSEMENT CANNOT BE MADE WITHOUT THEM.

Summarize how the above program relates to your current classification, or classification you aspire to, and the rationale for approval of credit toward the Classified Professional Growth Program.

COURSE REVIEW BY COMMITTEE

The Review Committee Approves of the above described course.

The Review Committee does not approve of the above described course because:

Signature(s) of reviewer(s): _____ Date: _____