

CLASSIFIED PROFESSIONAL GROWTH FUNDS REQUEST

GREATER ALBANY PUBLIC SCHOOL DISTRICT 8J



This form shall be used for all professional growth fund requests. Funds can be requested for registration for workshops and/or classes, plus substitute pay when needed. Funds will not be provided for textbooks. Funds are available on a first come/first serve basis until funds are exhausted each year. There is a \$400 limit per person per school year. Complete appropriate sections and submit to supervisor. A copy will be returned when action is taken.

Employee Name _____ Building _____

Workshop/Class (please attach a description of the workshop/class): _____

Location: _____

Date(s) of workshop/class: _____

The following criteria shall be applied to the applications for professional growth funds: 1) The training will apply to an employees current work assignment; and or; 2) The training will apply to building or district goals and/or; 3) The training will apply to other jobs within the bargaining unit and/or; 4) When an employee is taking a class that will go toward a teaching license, this class must either be a core academic class or an education class that fits criteria in 1, 2 or 3 above and or; 5) The training fits into a category that relates to workplace interpersonal relationships.

Registration fee (paid to college or institution directly): \$ _____

Tuition reimbursement (paid directly to employee- please attach receipt or statement): \$ _____

Is a substitute needed? _____ yes _____ no (Employee will make own arrangements for substitute through the AESOP system.)

SUPERVISOR'S APPROVAL

- approved, contingent upon funds available
- denied

HUMAN RESOURCES DEPT. APPROVAL

- approved, funds are available
- denied, exceeded \$400 limit per person or no funds available

Staff Development Account #: _____

Signature of Supervisor

Date

Signature of HR Dept.

Date

White – Human Resources

Yellow – Business Office

Pink - Employee