



## Classified Employee APPLICATION FOR PROFESSIONAL GROWTH FUNDS

Name:	Date:
Position:	Location:
Activity:	
Is this activity directly related to the employee's Professional Growth/Goal Plan? If yes, how?	
Credit Class: Yes <input type="checkbox"/> No <input type="checkbox"/> if yes, how many credits?	
Date/Time:	Location:

<i>To be filled out by applicant</i>	<i>For Building/Department Use Only</i>
Registration Fees \$	
Stipend (if approved) \$	<b>Administrator's Signature</b>
Tuition Fees \$	<b>Budget Number(s):</b> _____ _____
Other Travel Expenses (if applicable)	
Estimated Mileage: (miles) \$	
<i>- se district website for current rates -</i>	
Meals Breakfast \$	
Lunch \$	
Dinner \$	
Lodging @ \$_____per night \$	<b>For Human Resources Use Only</b>
Instructional Materials/Books \$	\$
Substitute Fee \$	<b>Total Amount Approved</b>
Other \$	Date
<b>TOTAL EXPENSES</b> \$_____	

### Return to Human Resources for approval

**Note: Approved form must be attached to the Travel Expense Voucher and/or Trip Approval Request form when submitted to the Business Office.**

cc: Employee's Supervisor/Secretary  
Employee