



APPLICATION FOR PROFESSIONAL GROWTH INCREMENT

Name: _____
 Position: _____

School: _____

I request salary reclassification for Professional Growth Increment.

I understand that I must meet the following conditions in order to qualify for the Professional Growth Increment:

1. This form must be completed and filed by **May 1st** with the Personnel Commission Office.
2. The course work must be completed by **June 30th**.
3. College Course work must be verified by official transcripts; all other work must be acceptable official verification. All required types of verifications are to be submitted to the Personnel Commission Office by **July 10th**.

****ONLY COURSES SUBMITTED ON THIS FORM WILL BE CONSIDERED FOR INCREMENT****

College, Conference, Office, Etc.	Course Title	Date of Work	Points/Units	Transcripts or Official Verification filed in HR

_____ Date

_____ Employee's Signature

For Personnel Use Only

_____ Points have been verified by transcripts or official acceptable verification on file.

_____ Points will be required to be verified by July 10 in order for applicant to qualify for a Professional Growth Increment.

School Year: _____

Date: _____

Class _____ Step _____

 Personnel Commission Office Signature

Date: _____

New Salary Amount: _____

 Committee Chairman