

**CERRITOS COMMUNITY COLLEGE DISTRICT
REQUEST FOR PROFESSIONAL GROWTH PROGRAM
CLASSIFIED BARGAINING UNIT EMPLOYEES**

Name: _____ Job Classification: _____ Full-Time
 Part-Time
 Title of Activity: _____ Division/Department: _____ Ext. _____
 Description of Activity: _____

(Supply a copy of the brochure, agenda or program of the conference, workshop, seminar, etc., or specific titles and descriptions of each course.)

Date(s): _____ Times: _____ Location: _____

Please describe how this activity is related to your current job responsibilities and/or the manner in which the proposed coursework will broaden your opportunity for promotion within the service of the District. If the course work is part of a degree program, also include the proposed degree and the major:

Amount Requested:

Pre-Payment

Reimbursement

Conventions, Conferences, etc.

Educational Courses

Cerritos College Courses*

Registration Fees	\$ _____	Registration Fees/ Tuition	\$ _____	Registration Fees/ Tuition	\$ _____
Books/Materials	\$ _____	Books/Materials	\$ _____	Books/Material	\$ _____
Transportation (_____ x .53.5)	\$ _____	Parking	\$ _____	TOTAL	\$ _____
		Other: _____	\$ _____		
Parking	\$ _____	TOTAL		\$ _____	
Lodging	\$ _____				
Meals	\$ _____				
Other _____	\$ _____				
TOTAL				COMBINED TOTAL	
\$ _____				\$ _____	

*Cerritos College Coursework List:

Course Name	Course Number	Course Description

I certify that this is a reasonable estimate of expenses. If this request is approved, I agree to submit ALL original receipts to the Office of Human Resource Services for reimbursement within ten (10) working days after completion of the approved activity. Actual expenses more than estimated will be paid in accordance with the provisions of the attached procedures. **VERIFICATION OF COMPLETED COURSE WORK IS REQUIRED.** I understand that failure to complete a pre-paid activity will require me to **reimburse** the Professional Growth fund. I certify that these expenses are not being reimbursed from any other source. I further understand that due to a change in the tax laws effective July 1, 1992, the District is required to report educational reimbursements paid to employees as a taxable benefit and that it is my responsibility to contact my tax consultant to discuss my individual tax liability at the time of filing my taxes.

Employee's Signature

Date

This form must be submitted to Human Resources by the 3rd Friday of the month

(For Professional Growth Committee Use Only)

Recommendation:

____ Approved ____ Disapproved ____ Abstain _____

____ Approved ____ Disapproved ____ Abstain _____

____ Approved ____ Disapproved ____ Abstain _____

____ Approved ____ Disapproved ____ Abstain _____

Date Committee Reviewed

Approved Amount \$ _____

Chairperson, Professional Growth Committee

Date

Comments _____

