

Pajaro Valley Unified School District

Classified Professional Growth

INTENT FORM

Name	Date
School/Dept	_E-mail:
Daytime phone or cell	
Current position	Last Four of SS#

Course term/workshop dates(s)____

Course/workshop name	Institution	Units or Hours	JR or EL*
	•	·	*Job Related or Electiv

lob Related or Elective

Are the courses fifth-year teaching credential requirements or graduate level coursework?	Y	Ν
Were all fees associated with the course(s)/workshop paid by you?	Y	Ν
Was the course(s)/workshop taken on your own time?	Y	Ν

Instructions:

- 1. Please submit **Form** with "Back-Up." "Back-Up" could include the following:
 - Course description from catalogue
 - Class/workshop flyer

(Intent form may be returned unprocessed if appropriate "Back-Up" is not submitted.) Please contact the Human Resources Department at ext. 2145 if you have any questions.

- 2. Upon completion of course, submit verification, which could include any of the following:
 - Copy of grade slip
 - > Certificate of completion
 - > Instructor's signed statement of completion
 - Copy of transcript

COMMITTEE USE ONLY	
Approved by committee:	
Recorded on master list:	
Needs verification	
Complete	
Notice sent:	