

CLASSIFIED EMPLOYEES REQUEST FOR RECOGNITION

SUBMIT TO: PROFESSIONAL GROWTH COMMITTEE

c/o Human Resources Office
 Monterey County Office of Education
 P.O. Box 80851 / 901 Blanco Circle
 Salinas, CA 93912-0851

I have attached transcripts, grade cards, other acceptable certification verifying successful completion of at least nine (9) units of approved courses toward Professional Growth credit (***highlight courses on transcript that apply***). This is certification that I am now eligible for suitable recognition.

 Applicant's Name (Print or Type)

 Last 4 digits of social security number

 Applicant's Signature

 Date

_____ CONGRATULATIONS! The Professional Growth Committee has approved your professional growth request for cash award in the amount of \$600.00. You may receive a maximum number of three (3) awards. Each new award shall be paid annually in addition to previously earned awards.

	Award #	Units Completed	Approval Date	Award Amount	Total Payment	1st Payment Date
_____	1	9	_____	\$600.00	\$600.00	June 30, _____
_____	2	9	_____	\$600.00	\$1,200.00	June 30, _____
_____	3	9	_____	\$600.00	\$1,800.00	June 30, _____

 Representative of the Professional Growth Committee

 Date

FOR BUSINESS OFFICE USE ONLY

\$_____ will be awarded annually on June 30 to the applicant named above.

Authorized by:

 Administration & Business Services

 Budget Code

 Administration & Business Services

 Date