

**FLOWING WELLS SCHOOLS  
PROFESSIONAL GROWTH REQUEST**

**Note: Must be submitted for approval 30 days prior to taking the course/workshop.**

NAME: \_\_\_\_\_  
(Last) (First)

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

EMPLOYEE ID # \_\_\_\_\_

DISTRICT-PAID TUITION: \_\_\_\_\_ YES \_\_\_\_\_ NO

You must include the name of the course and course number for which you wish to receive professional growth credit. One semester per form – Please list the 1<sup>st</sup> summer session and the 2<sup>nd</sup> summer session on separate forms. One credit = 15 hours

<u>COMPLETE COURSE TITLE</u>	<u>COURSE #</u>	<u>GRANTING INSTITUTION</u>	<u>CREDIT / HRS.</u>
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**CHECK SEMESTER ATTENDING:** \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_ 1<sup>ST</sup> SUMMER \_\_\_\_\_ 2<sup>ND</sup> SUMMER \_\_\_\_\_ Workshop

Anticipated date of course/workshop completion \_\_\_\_\_

I understand that this request must be submitted 30 days *prior to course/workshop*. Approval will be granted for six credits per semester as per policy GCI. Payments for credits earned will be paid in blocks of six at the rate of \$250 per block for certified staff and \$.30 per hour for support staff members.

Employee Signature \_\_\_\_\_

Must be signed by School Principal or Administrative Head

Approved \_\_\_\_\_ Denied \_\_\_\_\_ For Consideration \_\_\_\_\_

Administrative Signature \_\_\_\_\_

**OFFICE USE ONLY**

Date Request Received \_\_\_\_\_ Approved  Denied  Administrator's Initials \_\_\_\_\_

Date Documentation Received \_\_\_\_\_ Approved  Denied  Administrator's Initials \_\_\_\_\_

P.O. # \_\_\_\_\_ Amount \_\_\_\_\_

Transcript verification received by \_\_\_\_\_ Date \_\_\_\_\_ Credits Recorded \_\_\_\_\_

Payroll Increase: \_\_\_\_\_