FLOWING WELLS SCHOOLS
PROFESSIONAL GROWTH REQUEST

NAME: _____ **DATE:** _____
(Last) **(First)**

SCHOOL: _____ **EMPLOYEE ID #** _____

DISTRICT-PAID TUITION: _____ **YES** _____ **NO**

You must attach either:

- **An official transcript documenting satisfactory completion of college coursework for which you wish to receive professional growth credit OR**
- **A detailed description of the activity (in-service training, workshop, seminar, or conference) and a signed certificate of completion which specifies the number of clock hours awarded.**

One (1) credit = fifteen (15) clock hours

COURSE #	COMPLETE COURSE TITLE	GRANTING INSTITUTION	CREDITS / CLOCK HOURS	DATE COMPLETED

For certificated employees: Salary advancement will be in the form of an increase in certificated employee base pay based on a uniform rate in accordance with the current compensation plan for certificated employees. To be eligible for salary advancement, required documentation must be received prior the first date of the annual contract.

For support staff employees: Salary advancement will be in the form of an increase in support staff hourly rate based on a uniform rate in accordance with the current compensation plan for support staff employees. Once the required documentation has been received in the Human Resources office, the rate increase will be reflected within two (2) bi-weekly pay cycles.

Employee Signature _____

OFFICE USE ONLY

Date Request Received _____ **Approved** ☐ **Denied** ☐ **Administrator's Initials** _____

P.O. # _____ **Amount** _____

Transcript verification received by _____ **Date** _____ **Credits Recorded**_____

Payroll Increase: _____