

Pasadena Area Community College District

APPLICATION FOR PERSONAL/PROFESSIONAL GROWTH BENEFIT

Instructional Support Services Unit

Name _____ Social Security Number _____

Department _____ Contract Year 20 _____

College Attended _____

I hereby apply for the following benefit (check appropriate area):

NOTE: As a benefit, these amounts will not be subject to payroll deductions.

_____ Up to \$250.00 for completing three (3) or more semester units of lower-division credit at a school accredited by the Western Association of Schools and Colleges

_____ Up to \$425.00 for completing three (3) or more semester units of upper-division or graduate credit at a school accredited by the Western Association of Schools and Colleges

My expenses were:

Tuition	_____
Books	_____
Fees	_____
Other instructional materials	_____
Total	_____

I certify that

- I have attached an unofficial transcript or grade slip as proof of satisfactory completion.
- The units were completed during the current contract year.
- The units were earned on my own time at no District expense.
- I earned a grade of "C" or better on the applicable units.
- I understand that I may earn only one of the above benefits each contract year.
- I understand that an application for the Personal/Professional Growth Benefit must be submitted within one semester following the same year that course work is completed.
- I have attached original receipts.

Signature

Date

SUBMIT APPLICATION TO THE HUMAN RESOURCES OFFICE (C204)

Human Resources

Benefit Amount	_____
Transcript Verified	_____
Contract Year Earned	_____
Approved for Payment	_____

cc: Fiscal Services
Employee