



MT. SAN ANTONIO COLLEGE PROFESSIONAL & ORGANIZATIONAL DEVELOPMENT

REQUEST FOR CLASSIFIED PROFESSIONAL GROWTH BENEFIT CREDIT

Instructions for completing the form

This form requires two signatures:

- (1) Employee
- (2) Director of Professional & Organizational Development (POD)

Requestor turns in completed and signed form to POD. The form is reviewed, and, if verifiable, signed by the POD Director. It is then returned to the employee and must be submitted to Human Resources (Note: Employees are advised to keep a copy of the form for their records). Human Resources will place the form in the employees personnel file for reference at such time that the employee applies for the Professional Growth Benefit.

Name: _____

Department: _____

| Course Title | Date(s) Attended | # Hours Attended |
|--------------|------------------|------------------|
| | | |
| | | |
| | | |

I verify that I attended this activity/these activities on non-working time.*

Employee's Signature: _____

I verify that the above individual attended the program as stated.

Director, Professional & Organizational Development: _____

* "Professional growth activities, such as formal workshops, seminars, or other training directly related to the unit member's job may be counted toward earning the lower division benefit referenced in 20.01.1. These activities must be attended during the unit member's non-working time, except while utilizing authorized paid leave time as provided for in Section 20.03. Sixteen (16) hours of documented staff development will equate to one lower division semester unit. Activity hours may be combined with college units to earn the benefit, but are not required to be earned within the twelve (12) month period as mentioned in 20.01. See Appendix G, Application for Release Time During Work Hours to Attend Professional Growth Activity form.

* Excerpt from Mt. SAC July 1, 2014-June 30, 2017 (Year 3 of 3) California School Employees Association Agreement, Article 20.02, pg. 61.