

# Personnel Services

## Instruction for Completion

The original copy of this request must be submitted to the employee's supervisor for approval within one year of course work or staff development completion. A copy should be retained by the employee. If the supervisor approves the request, the original copy will be forwarded to the Personnel Department. One (1) copy of this form will be retained in the Personnel Department. The original copy will be returned to the employee.

Upon **completion** of the staff development activity, the employee will **resubmit** the original copy of this form with the appropriate verification in the lower right-hand corner of the form. The verification of completion section **MUST** be signed by the presenter who offered the staff development activity in order to obtain credit. **Official transcripts** must be submitted if college or university courses are taken. The employee should retain a copy which indicates when the form was resubmitted for verification of completion.

The employee is eligible to advance on the salary schedule on **July 1 (for Year Round employees), September 1 or February 1** provided they have met all other requirements for advancement as indicated on the salary schedule, i.e., years of experience, etc. In order to qualify for the Professional Growth Increment an employee must be on the maximum step of his/her salary schedule (Class F-Step 13 for teachers and counselors; Class B-Step 6 for psychologists; Class A-Step 5 for program specialists).

Employee may "**BANK**" semester units or staff development hours of credit. This means that the employee may accumulate the units/staff development hours for future advancement upon acquiring the necessary years of comparable experience provided he/she is on the maximum step of his/her salary schedule.

**HEMET UNIFIED SCHOOL DISTRICT  
 REQUEST FOR APPROVAL OR VERIFICATION OF COMPLETION  
 OF COURSE WORK/STAFF DEVELOPMENT ACTIVITY  
 FOR ADVANCEMENT ON THE SALARY SCHEDULE  
 FOR CERTIFICATED BARGAINING UNIT EMPLOYEES ONLY**

NAME \_\_\_\_\_ ASSIGNMENT \_\_\_\_\_

WORKSITE \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

COLLEGE/UNIVERSITY/CLASS LOCATION: \_\_\_\_\_

Course No./Staff Development Activity	Title	No. of Units/ Clock Hours	Completion Date of Course/ Staff Development Activity	Days/Hours Course Takes Place
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Relationship of course work/staff development activity to employee's assignment/teaching methods/credential areas:

The **original** copy of this request must be submitted to your supervisor for approval of the course work or staff development activity. Keep a copy. See reverse side of this form for coursework procedures.

Request for \_\_\_\_\_ or \_\_\_\_\_ to be credited toward:  
 #units #hours

**Professional Growth Increment** on salary schedule to  
 Step 16  Step 18  Step 20  Step 22

Request for \_\_\_\_\_ or \_\_\_\_\_ to be credited toward:  
 #units #hours

**Column Advancement** on Salary Schedule to:  
 Classification \_\_\_\_\_  
 (B,C,D,E,F)

\_\_\_\_\_  
 Employee's Signature DATE

**FOR APPROVAL:**

\_\_\_\_\_  
 Supervisor's Signature DATE

**FOR DISAPPROVAL:**

\_\_\_\_\_  
 Supervisor's Signature DATE

**STAFF DEVELOPMENT  
 ACTIVITY VERIFICATION**

**COMPLETED** # of clock hours \_\_\_\_\_

**DATE** of Completion \_\_\_\_\_

\_\_\_\_\_  
 Employee's Signature DATE

\_\_\_\_\_  
**PRESENTER'S** Signature\* DATE

NOTE: Presenter's signature above VERIFIES  
 # of clock hours completed.