

**EL CAMINO COMMUNITY COLLEGE DISTRICT
CLASSIFIED PROFESSIONAL GROWTH AWARD APPLICATION**

NAME: _____ JOB TITLE: _____

Division /Department: _____ Telephone Ext.: _____

Description of Activity (Seminar/Conference/Class): _____

(Attach brochure of Activity)

Date(s): _____

Location: _____

Relationship of Activity to your current job responsibilities or future service with the District: _____

| | | |
|------------------|--|----------|
| AWARD REQUESTED: | Fees/Tuition | \$ _____ |
| | Books/Materials | \$ _____ |
| | Lodging | \$ _____ |
| | Transportation (includes mileage and parking fees) | \$ _____ |
| | Meals (included in activity fee) | \$ _____ |
| | Other _____ | \$ _____ |
| | TOTAL | \$ _____ |

I certify that this is an accurate estimate of expenses.

Employee Signature

Date

Approved Not Approved (Attach reason and forward to Professional Growth Committee)

Dean/Director/Vice President Signature

Date

(PROFESSIONAL GROWTH COMMITTEE USE ONLY)

Approved - Amount Awarded: _____ Board of Trustees Approval Date: _____

Denied - Reason: _____

By _____

Committee Chairperson Signature

Date