



Laguna Beach Unified School District
 Human Resources Department
 550 Blumont St.
 Laguna Beach, CA 92651
 Phone: (949) 497-7700, ext. 5219
 Fax: (949) 497-7710

LAGUNA BEACH UNIFIED SCHOOL DISTRICT
CERTIFICATED APPLICATION FOR PROFESSIONAL GROWTH POINTS
for activities completed from September 16, 2016 through September 15, 2017

Employee Name		Date	
Location/Site			
Type of Units:	<input type="checkbox"/> College Units <input type="checkbox"/> Workshop, Conference or Convention <input type="checkbox"/> Educational Travel		
Number of Units: (15 hours = 1 unit)			

Please complete all portions of the applicable section:

COLLEGE UNITS			
Maximum of 6 semester units or 9 quarter units per year			
Name of Institution			
Number of Quarter/Semester Units	Quarter Units	or	Semester Units
Course Title and Number			
Beginning Date		Anticipated Completion Date	
Describe how this course relates to the District's strategic goals and/or State Standards.			

WORKSHOPS, CONFERENCES OR CONVENTIONS	
Maximum of 3 units per year	
Name of Workshop, Conference or Convention	
Sponsoring Agency or Organization	
Date and Time	Date(s): Time:
Describe how this course relates to the District's strategic goals and/or State Standards.	



Laguna Beach Unified School District
 Human Resources Department
 550 Blumont St.
 Laguna Beach, CA 92651
 Phone: (949) 497-7700, ext. 5219
 Fax: (949) 497-7710

EDUCATIONAL TRAVEL		
Maximum of 6 semester units or 9 quarter units per year		
Destination		
Beginning Date		Ending Date
Describe the objectives for travel related to the District's strategic goals and/or State Standards.		
Describe the activities planned to meet the above objectives		
Describe the method of verification to be presented for approval upon return		

DEADLINE

Applications for professional growth completed from September 16, 2016 to September 15, 2017 must be submitted by November 30, 2017 for application to 2017-2018 salary. **Please make a copy for your records before submitting to Human Resources.**

Employee's Signature: _____ Date: _____
 Supervisor's Approval: _____ Date: _____
 HR Initial Approval: _____ Date: _____

For Human Resources Office Use Only:	
Approved for Participation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Units Granted: _____
Conditions of Approval: <input type="checkbox"/> Proof of Attendance (transcript, certificate) <input type="checkbox"/> Other _____	
Reason Not Approved: _____	