

Pasadena Area Community College District

APPLICATION FOR PERSONAL/PROFESSIONAL GROWTH BENEFIT
Pasadena City College - California Federation of Teachers – Local 6525

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 \$500.00 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 \$850.00 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)

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Human Resources

Benefit Amount \_\_\_\_\_
Transcript Verified \_\_\_\_\_
Contract Year Earned \_\_\_\_\_
Approved for Payment \_\_\_\_\_

cc: Fiscal Services
Employee