



CAJON VALLEY UNION SCHOOL DISTRICT

**DECLARATION OF INTENT**

Request for Approval of Professional Growth Course(s) for Classified Employees

**\*\*Reimbursement can only be considered with prior approval of coursework by the committee\*\***

**NOTE:** Because the funds are limited in this program, and to better ensure your reimbursement, you should submit this form immediately upon registering, listing your estimated costs so your projected expenditures can be reserved. After this form is received, it will be reviews by the committee and you will be informed of the committee approval/disapproval.

Employee Name (please print): \_\_\_\_\_ Employee ID#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Site: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates to be Taken	Course Number	Course Title/Description	School Attending	Sem. Units	Qtr. Units	Credit/ Non-Credit

**Estimated Associated Costs:** Tuition \$\_\_\_\_\_ Books \$\_\_\_\_\_

Upon completion of coursework, **YOU MUST SUBMIT ORIGINAL RECEIPTS AND GRADE SLIPS TO RECEIVE REIMBURSEMENT.** Reimbursement CANNOT be processed without these items.

Summarize how the above program relates to your current classification, or classification you aspire to, and the rationale for approval of credit toward the Classified Professional Growth Program:

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**COURSE REVIEW BY COMMITTEE**

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The Review Committee **approves** of the above-described coursework.

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The Review Committee **does not approve** of the above-described coursework because:

Signature(s) of Reviewer(s): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_