

Employee Name: _____

ANNUAL SUMMARY OF COMPLETED PROFESSIONAL GROWTH ACTIVITIES

FISCAL YEAR : 2020/2021

COMMITTEE USE ONLY



Professional Growth Activities COURSE NAME OR WORKSHOP NAME & ATTENDANCE DATE & INSTITUTION NAME	Corresponding Goal Number(s) (from Professional Development Plan)	Date Activity Pre-Approved By HR (From Pre-approval form)	Supervisor's Initials and Date (Upon Completion of the Activity)	Time Spent in Hours for workshops, Quarters OR Semester Credits Awarded	Professional Growth Member's Initials and Date	Equivalent Points Transcripts received/worksh op approval forms attached
2 Semesters of Conversational Spanish, Fall 2004 (with grade of C or better) Cuesta College	2	3/10 /06	TEA	3 semester units		

Recommendation by Review Committee: I/We have reviewed the activities listed for compliance with the Professional Growth Plan and Classified Contract language and recommend one increment salary adjustment.

Signature Committee chair

Signature Assistant Chair

Signature Recorder

Date of Review and Recommendation:

Total # Workshop Hours approved on this form: _____ hrs./ _____ points (Total hours divided by 15 = points)

Total # Units approved on this form : _____

Grand Total approved on this form : _____