



**SAN LUIS OBISPO COUNTY  
OFFICE OF EDUCATION**  
LEADERSHIP ■ COMMUNITY ■ SERVICE  
JAMES J. BRESCIA, ED. D., SUPERINTENDENT

***PROFESSIONAL GROWTH PRE-APPROVAL FORM***

**EMPLOYEE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current position:** \_\_\_\_\_ **Semester Date for this Pre-approval:** \_\_\_\_\_

**Where will course be taken (Institution Name) :** \_\_\_\_\_

100 % Online Course;  On-Campus Course;  Online & On-Campus

\*Course title #1 \_\_\_\_\_ Course title #2 \_\_\_\_\_

\*Course title #3 \_\_\_\_\_ Course title #4 \_\_\_\_\_

I have a current Professional Growth Plan on file that aligns with these courses

Course of study, if applicable; i.e., AA/BS-BA: \_\_\_\_\_

Degree requirements from institution are attached, if applicable.

If this is a workshop, attach information regarding content and hours for attending this course

This professional development activity meets the following requirement:

**It does not occur during my regular work hours.**

Check at least one box below, as applicable:

It is relevant to my current position or one for which I am training at SLOCOE.

It is designed to improve service to SLOCOE and further my personal development for my current position.

It is required for a degree program appropriate to service at SLOCOE.

It goes toward a requirement that must be obtained for current employment.

I realize that I must obtain a grade of “C” or better when a letter grade is given or a Pass (if the course if Pass/Fail).

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

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

***For Human Resources/Professional Growth Committee***

Date documents received: \_\_\_\_\_

Pre-approved: \_\_\_\_\_  
Professional Growth Committee Member – CSEA Member Date

\_\_\_\_\_  
Human Resources – Management Date

Date approval returned to employee: \_\_\_\_\_

Employee’s Hire Date: \_\_\_\_\_|Probation Ending Date: \_\_\_\_\_