



PROFESSIONAL GROWTH INCENTIVE PROGRAM
DECLARATION OF INTENT / APPLICATION

Date: _____ [] Full-Time Employee [] Part-Time Employee

From: _____
Please print: Employee Name

Title

Employment Date

I hereby submit my intent / application for participation in the District's Professional Growth Incentive Program. I understand that I must meet the following conditions in order to qualify for professional growth increments:

- 1) I am a permanent classified service or confidential employee, working a minimum of 20 hours per week and in permanent status in the Santa Barbara Community College District. I have been employed by the District in a permanent position for at least (1) year.
2) In order to receive any increments, I must complete twelve points which are acceptable to the Professional Growth Review Committee.
3) All coursework and other professional growth activities must be verified by official transcripts, certificate / verification of attendance or completion, or letters. The form of verification must be acceptable to the Professional Growth Review Committee. I understand that providing acceptable verification is my responsibility.

Employee Signature