

## **EDUCATIONAL PLAN FORM**

## **Classified Employees**

THIS PLAN IS PROPOSED TO DEVELOP INCREASED COMPETENCE IN THE PERFORMANCE OF ASSIGNED JOB DUTIES, TO BROADEN SKILLS REQUIRED FOR PROMOTIONAL OPPORTUNITIES, OR TO PLAN FOR CAREER ADVANCEMENT AND THEREBY BENEFIT THE DISTRICT. PRIOR APPROAVAL IS REQUIRED FOR ALL COURSEWORK COMPLETED UNDER THE PROFESSIONAL GROWTH PROGRAM, SEE SECTION 3.8 OF THE CBA FOR MORE INFORMATION.

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Employee Name:		Date:	
Title	le:	Banner ID:	
Des	Education In scribe your prior education, including the degr	formation – Employee Completed ees you have obtained:	
	reer-development or both. Professional growth rrent position or are undertaken to acquire new pected for entrance into the current position. C	ebtaining an associate degree (AA/AS) letion of GE courses ansfer ansfer	

Course Plan – Em	ployee C	Compl	eted v	vith Cou	ınselor (a	attach additional charts as needed	)
Semester:			_ C	ollege/U	nstitution:		
Class Name/CRN	Transfer	GE	AA/A	Non- transfer	Units	Alternate Course(s)	Units
Semester:			C	ollege/U	niversity/I	nstitution:	
Class Name/CRN	Transfer	GE	AA/A	Non- transfer	Units	Alternate Course(s)	Units
Semester:			C	ollege/U	niversity/I	nstitution:	
Class Name/CRN	Transfer	GE	AA/A	Non- transfer	Units	Alternate Course(s)	Units
Semester:			C	ollege/U	niversity/I	nstitution:	
Class Name/CRN	Transfer	GE	AA/A	Non- transfer	Units	Alternate Course(s)	Units
		<u> </u>	<u> </u>				1
Employee Name Signature			Date		Counselor Name Signature		Date
Supervisor Name Signature			Date			VP Name Signature	Date