



CAJON VALLEY UNION SCHOOLDISTRICT
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: _____

Books5/MCI(m)-4(b)-5(n o)-4(48001 re f* q)4(R

COURSE REVIEW BY COMMITTEE

The Review Committee approves of the above-described coursework.

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