

Agua Fria Union High School District No. 216

**GROWTH COMPENSATION
REQUEST: FORM B**

**COMPLETION OF COURSEWORK NOTICE
REQUEST FOR PROFESSIONAL GROWTH COMPENSATION**

Complete **Form B** and return it to the Human Resources Department with an **Original Transcript** of your approved completed course(s). (Refer to your copy of the Growth Course Approval: Form A.) A grade of “C” or better is required for each approved course toward accruing Professional Growth compensation. **Form B and your Original Transcript must be received by the Human Resources Department. Professional Growth compensation will not occur until the next fiscal year if this deadline is missed.** A copy will be returned to you indicating amendment to your contract, and the date by which you will need to sign your amended contract. A second copy will be placed in your personnel file.

I have attended _____
College/University Location
and have received credit with a “C” or better in the following courses as evidenced in my attached Original Transcript.

- Fall Term
- Spring Term
- Summer Term

Course Title	Dept.	Catalog Number	Semester Hours	Date Course Began	Date Course Ended	Form B and Original Transcript Received (Human Resources Office Use Only)
1.						
2.						
3.						
4.						
5.						

I have successfully completed course work that will provide me with a:

- Bachelor’s Degree +15 approved credit hours
- Bachelor’s Degree +30 approved credit hours
- Bachelor’s Degree +36/Masters approved credit hours
- Master’s Degree +30 approved credit hours
- Master’s Degree +15 approved credit hours
- Master’s Degree +45 approved credit hours

(Compensation is awarded for an accrued 15 credit hours each semester - January and July.)

This Growth Compensation Request: Form B must be filed separately along with an Official Transcript verifying completion of the course(s) with a grade of “C” or better. Professional Growth compensation will be awarded once each semester January 1 and July 1 per policy guidelines.

Professional Growth compensation will not occur until the next fiscal year if this deadline is missed.

Name (Please Print)

Signature

Date

Human Resources Designee

Date

Original Transcript YES NO
(This request will not be processed without Original Transcript attached.)