



RED BLUFF UNION ELEMENTARY SCHOOL DISTRICT

PROFESSIONAL GROWTH PROGRAM CERTIFICATION OF COMPLETION

To: Educational Incentive Reviewing Committee

Name: _____

This is to certify that I have completed twelve (12) units of Professional Growth and am now eligible to receive a 3.25% salary increment in accordance with the guidelines found in Board policy.

Verification of complete units are in my personnel file and available for your analysis.

I completed all the courses in the 12-unit block as of _____
Date of completion

Today's Date

Signature

To: HR Department

From: Superintendent

The Superintendent has approved the above request and authorized the 3.25% increment effective

the following date: _____
Authorization Date

Signature of Superintendent