

Classified

**LANCASTER SCHOOL DISTRICT
APPLICATION FOR PROFESSIONAL GROWTH STIPEND**

To be submitted directly to the Human Resources Office with transcripts and approved copy of form 300.

Name: _____ Date: _____

Site: _____ Phone: _____ Email: _____

I hereby submit evidence of completion of in-service, college, or university course work, which allows me to qualify for the professional growth stipend.

Signature: _____

Course Number	Number of Units		Course Title	Name of College or University	Beginning Date	Ending Date
	Sem.	Qtr.				

HUMAN RESOURCES OFFICE USE ONLY – PLEASE DO NOT FILL IN ANY BLANKS BELOW!

Application Processed: _____ Date: _____

Human Resources

Final Approval: _____ Date: _____

Authorized Administrative Officer

Received by Step Box: _____ Date: _____

Processor _____ Name _____

☐

This Stipend is Permanent

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This Stipend is Good for 24 months

Stipend Effective Dates: _____ to _____

_____ Carried from previous Form 400

_____ Units converted from hours on this Form 400 (____hours)

_____ Units on this Form 400

_____ Total for this Form 400

_____ Carry to next Form 400