

COACHELLA VALLEY UNIFIED SCHOOL DISTRICT

**CLASSIFIED PROFESSIONAL GROWTH PROGRAM
REQUEST FOR PAYMENT OF INCREMENT(S)**

TO: CLASSIFIED PERSONNEL OFFICE

FROM: _____
(Please Print Full Name)

POSITION: _____ SITE: _____

Attached is/are: **Grade Card(s)** From: _____
(college/university)

(college/university)

Transcript(s) From: _____
(college/university)

(college/university)

I understand that my submittals ***must meet*** the Professional Growth Program guidelines in order to be eligible for the Payment of Increments. I have also been made aware that eligible submittals will appear on my pay warrants as follows:

**Between the 1st and 15th of the month - end of that month's pay warrant
Between the 16th and the last working day of the month - end of the following month's pay warrant.**

Employee Signature Date: _____

For Classified Personnel Office Only	
Received by: _____	Date: _____
<input type="checkbox"/> Grade Slip(s) have been verified and are eligible for: _____ (no. of Units/Amount of Increment)	
to be paid on your pay warrant for _____ (Date)	
<input type="checkbox"/> Transcript(s) have been verified and are eligible for: _____ (no. of Units/Amount of Increment)	
to be paid on your pay warrant for _____ (Date)	

Director - Classified Personnel

Date