



**Paraprofessional Professional Development Training Credit
 (Additional Courses)**

Please submit this form and attach proof of attendance (certificates or other training records) for each course. All documentation of training must be approved by the immediate supervisor/administrator and submitted to Classification and Compensation in Human Resources **between April 16** (the end of the evaluation cycle) and **September 30**.

Name of Course	No. of Hours	Course Provider	Date Earned	Which criteria is applicable?

 Employee Signature

 Date

FOR COMPLETION BY THE EMPLOYEE’S SUPERVISOR ONLY:

- This employee has received *prior approval* for the above training and the training meets the defined criteria.
- This employee has received an *overall rating of Satisfactory or above* on the evaluation for the current school year.

 Supervisor/Administrator Signature

 Date