REQUEST FOR HORIZONTAL ADVANCEMENT

• **NAME**: _____ • **SCHOOL**: _____ • **SSN**: _____

• **LEVEL OF HORIZONTAL ADVANCEMENT**: Present Level _____ Requested Level _____

• DESCRIPTION OF PROFESSIONAL GROWTH ACTIVITIES

Activity Type	Descriptors	Max Per Column	Activity Type	Descriptors	Max Per Column	Credit Conversion
A	University/College Credit	15	D	Professional Development	5	1 Qtr Hr = 2/3 Sem Hr
B	District Approved Activities(Workshops/ In-services)	15	E	Work Experience Program	4	(Qtr Hr x 0.66 = Sem Hr)
C	Educational Travel	3	F	Supervision: Student Teacher/Resident Intern/Beginning Teacher	2	** All credits must be converted into semester hours.*

	Date	Activity Type	College/University Name Or Activity Description	Course/Activity Title	Course Number	# of Sem Hrs
Example〉	MM/DD/YY					

Attached is a copy of the Professional Growth Plan and all official transcripts/documentation. Signature indicates all coursework meets guidelines under Policy 4130/4880 and is consistent with policy and related procedures.

_____ _____

Employee Signature **Date** **Principal Signature** **Date**

OFFICIAL NOTICE: DISPOSITION OF HORIZONTAL ADVANCEMENT REQUEST

☐ Approved Effective Date of Horizontal Advancement:_____ HR Specialist Initial: _____

☐ Denied Reason Denied: _____

Forward Copies: **White**: Personnel File **Yellow**: Office of Human Resources **Pink:** Employee *Please do NOT separate this form when sending to HR.* You will receive your copy once processed.