



UNIT B
PROFESSIONAL GROWTH
CHANGE REQUEST
MARLBOROUGH
ADMINISTRATORS ASSOCIATION

For Office Use Only
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approval Forms Missing <input type="checkbox"/> Unofficial Transcripts <input type="checkbox"/> Ineligible
_____ Official Signature
_____ Date

Deadlines:

- *June 15th - submission for change of Professional Growth compensation in the following school year. Official transcripts are required.*
- *No later than 3 months after the award of the degree or credits - submission of official transcripts as evidence of credits earned must be received by the Human Resources Department. **

* Official transcripts are accepted either hard copy, sealed and unopened or sent directly from the college/university electronically to HR.

Name (Print): _____ MPS School: _____

Current Professional Growth Schedule: _____

Proposed Professional Growth Schedule: _____

- I am submitting the following approved graduate credits for advancement on the Professional Growth Schedule according to the regulations set forth by the Agreement between the Marlborough School Committee and the Administrators Association Contract Article XIV, Sections 3, 4 & 5.
- Attached are copies of all Course Approval forms that coincide with courses listed below.
- All courses completed between Current Professional Growth Schedule and Proposed Professional Growth Schedule must be listed below.

<u>AMT OF CREDITS</u>	<u>NAME OF INSTITUTION</u>	<u>FULL NAME OF COURSE</u>	<u>COURSE #</u>	<u>DATE OF COMPLETION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL Signature: _____ Date: _____

AMT OF CREDITS

NAME OF INSTITUTION

FULL NAME OF COURSE

COURSE #

DATE OF COMPLETION

TOTAL

