LONG BEACH COMMUNITY COLLEGE DISTRICT Human Resources Office

REPORT OF ADDITIONAL PROFESSIONAL TRAINING ACADEMIC PERSONNEL

NAME		POSITION_			
DEPT	DIVISION			EXT	
Please record any profess that have been pre-appro- training form.				y schedule. List only courses ional professional	
Official notification of al in salary placement is ma semester or summer sess including summer.	nde. Verification must	be submitted within ei	ght (8) weeks after	the beginning of the	
(18 quarter units) may be carried over to the next se	e credited during a schechool year. There is n	ool year. If more than o restriction on the nur	that number are tak nber of units taken	welve (12) semester units en, the remainder must be during summer recess. tions, and salary schedule	
Please attach a copy of	the official transcrip	t .			
INSTITUTION ATTENDED	TERM/YEAR	COURSE #	UNITS *	DESCRIPTIVE TITLE	
*Mark "S" or "Q" after u	nits to indicate semest	er or quarter units.			
□Yes □ No V	Will the work listed en	title you to a higher pla	acement on the sala	ry schedule?	
□Yes □ No	Will you receive a deg	ree from the institution	during this school	year?	
Degree		Date			
Signature		Date			
Please return form to the	Human Resources Of	fice.			