



**DIXON UNIFIED SCHOOL DISTRICT  
PROFESSIONAL DEVELOPMENT FOR SALARY ADVANCEMENT**

Certificated

Classified

Name \_\_\_\_\_ School/Location \_\_\_\_\_

Position Title \_\_\_\_\_

Assignment/Grade Level \_\_\_\_\_

| Date | In-service/Workshop | # of Hours | Instructor's Signature | Instructor's Contact Number or Email Address |
|------|---------------------|------------|------------------------|--|
|      |                     |            |                        |  |
|      |                     |            |                        |  |
|      |                     |            |                        |  |

**\*This card must be signed by instructor upon completion of course.**

Refer to the SEIU or DTA Contract for Professional Development Credit and Deadlines



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