# PALOMAR COLLEGE
# Classified Employees Professional Growth Program

## NOTICE OF COMPLETION

Name _____ Department _____ Date _____

Job Title _____ Extension _____

**STIPEND: Check One**

☐ I wish to receive an annual stipend of $500 in pro-rated monthly payments.
☐ I wish to receive a one-time lump sum stipend of $2,000.

Employee Signature _____

| **Course # and Title/ Seminar/Workshop/ Committee/Service** | **GRADE (C or Better)** | **SEMESTER & YEAR** | **NO. UNITS (Semester or Quarter)** | **Professional Growth Points** |
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**Attach** transcript, certificate or similar evidence, and **submit Original only** to Human Resource Services.

**Due** no later than **SEPTEMBER 15, FEBRUARY 15,** or **JULY 15** of the semester following completion of your program. Stipend will be retroactive to the first day of the month in which the *Notice of Completion* is submitted (September 1, February 1 or July 1).