Palomar College
Professional Growth Program for Classified Employees

NOTICE OF COMPLETION

_____	_____	_____	_____
Name	Department	Job Title	Program Number

The selection of a stipend is irrevocable and will be applied after board approval.

☐ 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. Election of this stipend will require a three-year waiting period before beginning a new Professional Growth Program.

Workshops/Seminars/Conferences/Governance Committee/Professional Association

Title	Date(s)	PG Points	Verification by PG Secretary

Courses Completed

Course Title	Grade	Semester	Units Received (semester or quarter)	PG Points	Verification by PG Secretary

_____ _____
Employee Signature Date

To be completed by the Professional Growth Secretary:

Total Points Earned _____ Program #_____ Remaining Programs _____

Waiting period if lump sum stipend was elected _____

Date of Board Ratification _____

_____ _____
Professional Growth Secretary Signature Date

Due no later than **SEPTEMBER 15, FEBRUARY 15,** or **JULY 15** of the semester following completion of your program.