Palomar College Professional Growth Program for Classified Employees

NOTICE OF COMPLETION

Name D	 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 \$750 in pro-rated monthly payments.							
☐ I wish to receive a one-time I period before beginning a new				of this	stipend wi	ll require a two-year waiting	
Workshops/Seminars/Conferences/	Governance	Committee/	Professiona	l Assoc	ciation		
Title	Date(s)			PG Po	oints	Verification by PG Secretary	
Courses Completed			T		I		
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					