Palomar College Professional Growth Program for Classified Employees

REQUEST FOR RELEASE TIME

Name	Department	Jol	o Title
Normal Work Schedule (Days and Hours)			
	ed to the employee's	current job or part	ed up to four (4) hours to attend class per of a specific career or academic plan as Services.
Course Title		Course Location/Campus	
Course Start Date		_ Course End Date	
Course Meeting Days/Times			
Days/Times you are requesting rel	ease time to participat	e in the course. Not 1	to exceed four (4) hours per week.
Provide a brief statement of how t	he course is related to	your current job or p	art of a specific career/academic program.
Employee Signature:			Date:
Supervisor Recommendation:	Approve	Disapprove	
Comments (required for recomme	ndation of disapprova):	
Supervisors Signature:			Date:
Reviewed by Professional Growth Secretary:			Date:
Comments:			
VPHR Recommendation:	Approve Di	sapprove	
Vice President, HRS:			

Submit the completed form to the Professional Growth Secretary via email.