

Palomar College
Professional Growth Program for Classified Employees

COURSE ADDITION

Name Department Job Title Program Number

Normal Work Schedule (Days and Hours) _____

Group: Classified Staff CAST Classified Administrative Association

COURSE/PROGRAM JUSTIFICATION

Professional Growth plans must be career related or part of a specific career plan. The benefits of the plan to the District and to the employee must be identified by the employee before the plan can be approved. Provide a brief statement outlining how your program meets these requirements.

ADDITIONAL COURSES FOR APPROVAL

COURSE #	COURSE TITLE	COLLEGE	SEM. UNITS	QTR. UNITS

Please verify by initially each statement below that you have read and understand the following:

_____ I understand that all courses are to be taken outside my normal work hours.

_____ I understand that I am unable to receive Professional Growth points for any courses that have not been approved by the Professional Growth Committee. Additional courses may be added prior to the start of each semester, according to the deadline dates posted on the Professional Growth webpage.

_____ I understand that I have three years to complete my Professional Growth program which started in the _____ semester and will be completed in the _____ semester. It is my responsibility to submit my Notice of Completion by the due date.

Employee Signature Date Supervisor Signature Date

Professional Growth Chair Signature Date