

Palomar College
Professional Growth Program for Classified Employees

DECLARATION OF INTENT

Name Department Job Title Program Number

Normal Work Schedule (Days and Hours) _____

I participated in the required Professional Growth Workshop on _____

Group: Classified Staff CAST Classified Administrative Association

Prior College Attendance (attach unofficial transcripts for each college listed)

College	Years attended	Degree/Certificate

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.

This form must be submitted to the Professional growth Secretary by the due date. The Professional Growth Committee will review and notify you of their decision.

COURSE APPROVAL

ALL classes require prior approval from the Professional Growth Committee. It is recommended to list alternate courses in the event some courses are not available. Changes/additions require prior written approval and must be submitted for consideration to the Professional Growth Committee.

[illegible]

Please verify by initialing 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 unless I have been approved for Release Time.

____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 starts in the _____ semester and will be completed in the _____ semester. It is my responsibility to submit my Notice of Completion by the due date.

_____ I understand that I will not receive Professional Growth points for any courses paid for by the District.

Employee Signature	Date	Supervisor Signature	Date
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Professional Growth Chair Signature	Date
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