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.

COURSE #	COURSE TITLE	COLLEGE	SEM. UNITS	QTR. UNITS

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

_____ _____

Professional Growth Chair Signature Date

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.