Palomar College Professional Growth Program for Classified Employees

Request for Other Professional Growth Activities

Name	Department	Job Title		Program Number	
Governance Committee/Prof	essional Association (attach	supporting documental	tion)		
Title	·	· · · · · ·	Date(s)	PG Points	
Workshops/Seminars/Confer	rences (attach supporting do	cumentation)			
Title		Date(s)	Hours	PG Points	
the above activities meet thes	e requirements.				
Please verify by initialing each	statement below that our ha	ave read and understan	d the following:		
I verify that all expens	ses to participate in the activi	ities were <u>not</u> paid for b	y the District.		
Supporting documen Growth points.	tation for all activities must	be included in the No	otice of Completion to	be eligible for Professional	
Employee Signature	<u></u> Da	te Supervisor	Signature	Date	
Professional Growth Chair Sig	gnature			 Date	

This form must be submitted to the Professional Growth Secretary **before** receiving Professional Growth points for participating in the activities above. The Professional Growth Committee will review your request and notify you of their decision.