Palomar College Professional Growth Program for Classified Employees

REQUEST FOR RELEASE TIME

Name	Department	Job Title
Normal Work Schedule (Days and	Hours)	
		be awarded up to four (4) hours per week to attend a class if s determined by the Assistant Superintendent/Vice President,
Course Title		Course Location/Campus
Course Start Date		Course End Date
Course Meeting Days/Times		
Days/Times you are requesting rel	ease time to participate	in the course. Not to exceed four (4) hours per week.
Provide a brief statement of how t	he course is related to y	our current job.
Employee Signature:		Date:
Supervisor Recommendation:	Approve	Disapprove
Comments (required for recomme	ndation of disapproval):	
Supervisors Signature:		Date:
Reviewed by Professional Growth	Secretary:	Date:
Comments:		
VPHR Recommendation:	Approve Disa	pprove
Comments (required for recomme	endation of disapproval):	
Vice President, HRS:		Date:

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