PALOMAR COLLEGE
Classified Employees Professional Growth Program

CERTIFICATION OF ATTENDANCE
TRAINING & DEVELOPMENT
WORKSHOP

Return this form to Human Resource Services after attending a seminar conducted by the Academic Technology Resource Team. This report will be attached to your Completion form when you complete your program. Please remember you MUST have prior approval to receive Professional Growth credit.

Name	**Department**	**Extension**	**Date**

WORKSHOP TITLE: _____

DATE OF WORKSHOP: _____

I certify that _____ **participated in** _____
      (name of employee)   (title of workshop/seminar)

_____
Signature of Coordinator/Presenter*

*By signing you are certifying employee actively participated in this workshop/seminar.

Submit Original only