

PALOMAR COLLEGE
Classified Employees Professional Growth Program

REQUEST TO TAKE A CLASS DURING WORK TIME
(NON-RELEASE TIME)

TITLE OF CLASS/COURSE: _____

CLASS MEETING DAYS/TIMES (for example, MWF 10 a.m. - 11 a.m.):

MAKE-UP TIME (for example, MWF 7 a.m. – 8 a.m.):

WHY MUST THIS CLASS BE TAKEN DURING WORKING HOURS?

Employee Signature _____ Date _____

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Supervisor Recommendation: **Approve** **Disapprove**

Comments (required for recommendation of disapproval):

Supervisor Signature _____ Date _____

Submit Original only (to Supervisor)