

**PALOMAR COLLEGE  
Classified Employees Professional Growth Program**

**REQUEST TO ATTEND  
TRAINING & DEVELOPMENT WORKSHOP  
(through Academic Technology Resource Center)**

Return this form together with **proper documentation** to Human Resource Services **PRIOR** to attending a seminar conducted by the Academic Technology Resource team. Please remember you **MUST** have prior approval to receive Professional Growth credit.

\_\_\_\_\_  
Name Department Extension Date

**WORKSHOP TITLE:** \_\_\_\_\_

**DATE OF WORKSHOP:** \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date Supervisor Signature Date

\_\_\_\_\_  
Chairperson, Professional Growth Committee Date

**Please provide ORIGINAL and 9 COPIES OF ALL PAPERWORK.  
Be sure to COMPLETE BACK SIDE of this form.**

