

Palomar College
Classified Employees Professional Growth Program

Employee Name

Job Title

Department

PROFESSIONAL ASSOCIATION SERVICE (Please provide supporting documentation)

Service in a Professional Association	Dates: From/To	Points

COMMITTEE MEMBERSHIP (Please provide supporting documentation)

Name of Committee	Dates: From/To	Points

WORKSHOPS/SEMINARS (Please provide supporting documentation)

Name of Workshop/Seminar	Date	Hours	Points

Employee Signature

Date

Supervisor Signature

Date

Chairperson, Professional Growth Committee

Date

Please provide ORIGINAL AND 9 COPIES. Be sure to COMPLETE BACK SIDE of this form.

