



PROFESSIONAL GROWTH FORM

Name

Position/Department

1. DESCRIPTION: (Complete PG form fully)

A) Description of course, workshop, seminar, conference or similar activity content:

B) Complete Section B if you are submitting graded course work

Name & Number of course:

Credits: Units: Hours: Day(s) of week:

Class Time: AM/PM Location & Institution:

Fall 20__ Winter 20__ Spring 20__ Summer 20__

C) Complete Section C if you are submitting other than graded course work (i.e. workshop, seminar, conference or similar activity).

Professional Organization Educational Association

Non-graded Course, Workshop, Conference or Seminar.

Name organization/sponsor

Total hours of attendance: Time: AM/PM

Day(s) of week: Start/End Dates of attendance:

2. TAKEN ON: Own time College time Comp time In lieu time

Vacation time Release time * **Own Time/Work Schedule Change**

***If work schedule has/was changed to accommodate this activity, please provide documentation (copy of and duration of, modified work schedule), signed by your manager at the time, verifying it as non-work time. If vacation time is/was used, provide copies of absence reports for the period you attended the activity.**

3. PAID FOR BY: Self . College . Not applicable, no fee .

4. REQUEST CREDIT/UNITS/HOURS BE: Job related . General education .

If job related, please describe how it is job related:

Multiple empty rectangular boxes for describing job-related activities.

Upon initial approval of the above, I will submit, by the published deadline, a copy of required corroborating data, grade slip or, for ungraded courses, conferences, workshops, seminars, or similar activities, official documentation that the above was successfully completed.

Employee Name:
Signature Print Name

****Verified by:**
Supervisor Signature Date

CCEU President (as applicable):
President's Signature Date

****(Your signature verifies only item #2 & #3 above)**