



**PROFESSIONAL GROWTH PROGRAM**  
**VERIFICATION OF CONFERENCE/WORKSHOP COMPLETION**

EMPLOYEE: \_\_\_\_\_ DEPT: \_\_\_\_\_

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**JOB RELATED WORKSHOP/CONFERENCE**

Title of Workshop or Conference: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Duration of the Workshop, days/hrs: \_\_\_\_\_

Starting and Ending Times: From: \_\_\_\_\_ To: \_\_\_\_\_

Note: Single subject workshops that run in succession, need verification for total hours in attendance.

**I certify that none of the activities listed above occurred during my regularly assigned work shift while I was being paid for my regular services, and that no expenses in connection with these activities were paid by the County Office of Education.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please have the instructor sign here verifying attendance and satisfactory completion of the course. Please attach a separate verification form for each workshop attended.**

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Your Professional Growth Committee*

Fax: 541-1105  
805-782-7221

**Employee: Please attached a separate verification form for each workshop attended.**