



## SANTA BARBARA CITY COLLEGE

### PROFESSIONAL GROWTH INCENTIVE PROGRAM VERIFICATION OF ATTENDANCE

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

This will verify that \_\_\_\_\_ attended the class  
Name

or seminar listed below on \_\_\_\_\_ for a total of \_\_\_\_\_  
Date

hours (to exclude all breaks, maximum of 6 hours per day).

Course Title: \_\_\_\_\_

Instructor's Printed Name: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

Sponsored by: \_\_\_\_\_  
(Fred Pryor, Career Track, etc.)

**Note to Employee:** Attach the following and submit with your Employee Increment Worksheet.

\_\_\_\_\_ Statement of how attending the above class or seminar enhanced your job effectiveness or career goals.

\_\_\_\_\_ Copy of the workshop or seminar agenda.

\_\_\_\_\_ Copy of the Travel & Conference form, if applicable.

*This form is to be used only if transcripts, certificates, letters, etc. are not available.*