



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 8 hours per day).

Course Title: _____

Instructor's Printed Name: _____

Instructor's Signature: _____

Sponsored by: _____

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

_____ 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.