

SUBMIT THIS FORM by FAX, EMAIL, or MAIL

PROFESSIONAL DEVELOPMENT CENTER GLENDALE COMMUNITY COLLEGE EMPLOYEE APPLICATION FOR STATE-FUNDED TRAINING CLASS CLASSES CONDUCTED AT THE PDC TRAINING CENTER IN MONTROSE, CALIFORNIA QUALIFIED EMPLOYEES RECEIVE AN 80% STATE FUNDED DISCOUNT

First Name Last Name Last Name Last Name Zip Code Zip Code Your Title/Position Hire Date Hourly Wage Your Work Phone Number Ext Cell Phone	
Home Address City Zip Code E-Mail Address SSN# Your Title/Position Hire Date Hourly Wage Your Work Phone Number Ext Cell Phone Name of Company Company Street Address	
E-Mail Address SSN#	
Your Title/Position Hire Date Hourly Wage Your Work Phone Number Ext Cell Phone Name of Company Company Street Address	
Your Work Phone Number Ext Cell Phone Name of Company Company Street Address	
Name of Company Company Street Address	
Company Street Address	
Company Street Address	
CityStateZip Code	
What benefits do you anticipate from this training? Check appropriate box(es) ☐ Improve my skills for my current position ☐ Improve my skills to explore greater opportunities in ☐ Other ☐ my company	
SUPERVISOR VERIFICATION — To Be Completed By The Employee's Immediate Supervisor	
 We verify that the employee has not taken a class under any other ETP contractor in the past 3 months. We verify that the participant is a permanent, full-time employee who does not hold an "Independent Contractor," "Leased," "Temp "Work Share," "Corporate Officer," or "Owner" employment status and must remain employed with his/her present employer the training and for 90 days immediately following training in order to be eligible for ETP funding. We verify that the employee does not set company policy. We verify that the employee earns a minimum of \$19.77 (16.48 if hired on or after 9/17/21) an hour and works at least 35 hours per wounderstand that medical, dental, and vision benefits may be considered in order to meet the \$19.77 or \$16.48 requirement. We understand employee must complete all the required training hours. We understand the employer is responsible for any applicable class costs including the materials fee. We understand that in order to comply with all state funding requirements, certificates of completion will be issued after the 90-day employment retention date AND upon receipt of post retention wage information. We understand the employee is not eligible for training until company paperwork (Certification Statement & Employer Agreement) is and approved by the State. We verify the accuracy of all provided information. We also verify that we have read and agree to all training specifications listed ab 	throughout week. We y s submitted
STUDENT SIGNATURESUPERVISOR SIGNATURE	
STUDENT NAME (PRINT)SUPERVISOR NAME (PRINT)	
SUPERVISOR TELEPHONE SUPERVISOR TITLE	

TO VERIFY THE REQUIRED WAGE, PLEASE ATTACH EMPLOYEE PAY STUB

FAX: 818-541-0832 SCAN & EMAIL: Pamela@pdcgcc.com

QUESTIONS? Call 818-957-0024