

Staff Professional Development Training/Seminar Request

Section A: Employee Request

Name: _____ Date: _____

Job title: _____ Supervisor: _____

Check one:

Seminar Workshop Conference other: _____

Title of the activity: _____

Organization name: _____

Location: _____

Dates of attendance: _____ Number of training hours: _____

Cost: \$ _____

What specific knowledge or skill will you learn?

How will the acquired knowledge or skill help improve your performance and/or prepare you for more advanced responsibilities?

How will your work be covered while you are away: _____

Employee Signature _____

Attach a description of the training with a completed registration form and forward to your supervisor for approval.

Section B: Approvals

Supervisor signature: _____ Date _____

Review and approve based on appropriateness, cost, scheduling, and quality of training.

Approved _____ Denied _____

If denied, provide an explanation: _____

College Approval:

Director of Finance signature: _____ Date _____

Chief of Staff signature: _____ Date _____

Review and approve based on appropriateness, cost, scheduling, and quality of training.

Approved _____ Denied _____

If denied, provide an explanation: _____

If approved, forward to accounting.

Section C: Registration and Payment

[] Check # _____ [] Purchase Order # _____ [] Credit Card _____

Completed by: _____ Date _____