



Professional Development Request Form

Name:

Date of Hire:

Position:

Department / Unit:

Immediate Supervisor (For Approval):

Chair / Director:

Name of the Professional Development Activity:

Activity Date(s):

Detailed Expected Costs:

1. Registration Fees:
 2. Transportation Costs:
 3. Accommodations:
 4. Meals:
 5. Other:
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Rationale for Participation:

Why did you choose this Professional Development Activity?

How will this activity enhance your skills?

How does this relate to your current position?

How do you plan to share what you learn with the rest of your team?

Signatures:

Please sign this application, preferably with an electronic signature, and forward the electronically fillable version to your supervisor for their signature of approval.

Employee Signature

Supervisor Signature

Chair/Director Signature