**Professional Development Request**

**Purpose:** To ensure accuracy and appropriate information is outlined when registering for a requested professional development opportunity. This form is completed by the employee, reviewed with their supervisor and then submitted to Human Resources for further approval, and next steps.

**Employee Name:**

**Current Position:**

**Professional Development Opportunity:**

**Date:**

**Supervisor:**

**Check the appropriate boxes in which your request applies:**

[ ]  Seminar [ ]  College Course [ ]  Workshop

[ ]  Conference [ ]  Other:

**Training Information:**

School or Organization:       Dates of attendance:

Total Training Hours:       Total Registration Cost:

Expenses Approved *($100.00 per day)*:

**What specific knowledge or skills will you learn by attending this training/seminar?**

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

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach a description of the training being taken, with this completed registration form and forward to your supervisor for the approval. Once approved, please submit to Human Resources for further approval and next steps. Review and approval are based on appropriateness, cost, scheduling, and quality of the training/seminar being offered.**

**Payment Processing**

All payments will be coordinated through Human Resources by using the departments Corporate Credit Card.

Corporate MasterCard Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be using public transportation to attend this training? Yes: [ ]  No: [ ]

If yes, please choose; Uber: [ ]  Lyft: [ ]  Train: [ ]  Flight: [ ]

HR will return a copy of this request form along with the original copy of the registration form.