



Professional Development Request Form

Employee Name: _____

Employee Title: _____ Department: _____

Title of Professional Development: _____

Date(s): _____

Location: _____

Description and Duration of Training:

Relationship of Training to Job Duties:

Number of hours and/or days absent from work (if applicable): _____

Amount of Funds Requesting for Professional Development: \$ _____ (max \$1500)

Include all receipts supporting the amount of funds requested.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Representative: _____ Date: _____