Professional Development Request

Name (s) of Participate(s):	Date of Request:
	Department:
EVENTDETAILS	
Date of Event	Amount Needed:
Name of Event:	
Short Description of Event:	
EXPLAINREASONFO	R SELECTING THIS DEVELOPMENT OPPORTELLIMITE THE EVENTUROTIES COURSES PECIFIC
STUDENT LEARNIN	NG OUTCOMORE CURRICULUM ŒEJEESAND PROFESSIONAL∕DEOPMENT GOALS IDENTIFIED
IN YOUR ANNUAL E	EVAL UQIN .
EXPLAIN HOW YOU'LLIMPLEMENT WHAT YOU'AREN IN YOUR DUTJESSOURSE SASSIGNMENT, S	
PAYMENTREIMBURSEMENORINDICATEOWNER OF CARDUSED	
Employee:	Date
Supervisor:	Date

Form Distribution: If requesting a reimbursement or advance, series form withtravel reconciliation form to Purchasing (riginal receipts required for reimbursement) cludecopy of this form in annual evaluation. If requesting approver a single approver a single form and original receipts to monthly pense report; keepopies for your files and include this form in faculty evaluation plan.