

Professional Development Request Form

PURCHASE ORDER INFORMATION :				CHECK ONE:
Issued By		Grant - Depart.		<input type="checkbox"/> Licensing Required Training
Date Issued		Location		<input type="checkbox"/> Non-Credit Training (Workshops, Conferences)
Purchase Order # <small>NOT VALID WITHOUT APPROVED NUMBER</small>		GL Account		<input type="checkbox"/> Credit-bearing Coursework
Vendor			Total Amount	
Address			Payment Type	

Applicant's Name	Phone #	Date Submitted	Registration Deadline
Position Title/Work Site		Fee/ Cost of Training	Date of Training
Locations of Training- Site, City, State		Title/Trainer / Course (include documentation and completed registration form)	
Number of out-of-agency trainings attended this program year		Number of out-of-state trainings attended this program year	

EMPLOYEE:

How will this training benefit you?

- ☐ Yes, this training has been identified on my Professional Development Plan and/or Performance Appraisal.
- ☐ (Check only if requesting payment for credit-bearing coursework) I have completed the Education Payment Agreement (Form #504)
- _____ / _____ / _____
- # of credits completed to date / # of credits yet to complete in degree / # of credits requesting payment for
- ☐ I will share information learned at this training: __at my team meeting __at my site meeting __in a newsletter __other
- ☐ I agree to remain an employee of Reach Dane for at least one year following date of completed coursework. If I voluntarily resign or am terminated, I will incur cost of this training.
- ☐ My signature indicates that I will fulfill these requirements.

Signature of employee

Shall Reach Dane:	
Make conference reservations <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide all information to submit registration and payment info

MUST BE COMPLETED BY EMPLOYEE WHEN TRAVELLING OUT OF REGION

<u>Date you need:</u> _____ To leave _____ To return _____ # of overnights	<u>Time you need:</u> _____ To leave _____ To return _____ Comments:
Shall Reach Dane:	
Make hotel reservations <input type="checkbox"/> Yes <input type="checkbox"/> No	If there is a preferred hotel, please provide its information
Arrange transportation <input type="checkbox"/> Yes <input type="checkbox"/> No	If air travel is needed, please provide preferred departure and arrival times

*If you cancel last minute for out of state travel requests and it is not an unforeseen circumstance, you will be responsible for any costs we can't recuperate.

Employee will be informed of approval or non-approval as indicated on this form. Processed form will be placed in employee's site mailbox.

SUPERVISOR: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove How will this training benefit the agency? <input type="checkbox"/> More effective in present job	Department Director: <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> Prepare for advancement/upgrade skills
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COMMENTS:

Supervisor/Site Director/CDS Approval	Date	Department Director's Approval	Date
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EXECUTIVE MANAGEMENT:

COMMENTS:

☐ Approve ☐ Disapprove

Executive Director Signature (if required) Date