

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

<p>Date you need:</p> <p>_____ To leave _____ To return _____ # of overnights</p>	<p>Time you need:</p> <p>_____ To leave _____ To return</p> <p>Comments:</p>
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

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
--	---

COMMENTS:

Supervisor/Site Director/CDS Approval	Date	Department Director's Approval	Date
---------------------------------------	------	--------------------------------	------

EXECUTIVE MANAGEMENT:

COMMENTS:

- Approve Disapprove

 Executive Director Signature (if required) Date