

LCOOU Professional Development Application Form 10.7F

This form must be submitted to your supervisor for approval no later than 30 days prior to the date employee leaves for training and approved form must be received by Human Resources no later than 21 days prior to that date. Incomplete forms will be returned to the supervisor.

Name:

Date:

Position Title:

In accordance with the LCOOU Professional Development Plan and my individual professional development plan included in my annual performance evaluation document, I would like to complete the following professional development activities as part of my employment.

I will arrange for coverage of my job duties if my attendance will conflict with my job responsibilities.

Give a brief description of the requested activity, seminar, or class.

Name of Event:

Date(s) of Event:

Location:

Total Funds (\$) Requested:

Registration:

Travel:

Fund Code for Payment: **35-49001-60101**

Description of Event:

State how this activity meets the identified Selection Criteria as outlined in the Professional Development Procedural Guidelines:

Employee agrees to provide a brief presentation of the benefits of this experience to their department or larger audience within the University.

Requesting Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Director of Human Resource signature: _____

Approved: \$ _____

Denied

Registration to be completed by individual employee requesting funds or department.

Travel arrangements must be requested through the Business Office procedure at least two weeks in advance of travel date.

Please attach backup to document the event and fees.