PROFESSIONAL DEVELOPMENT TRAINING/SEMINAR REQUEST

Section A: Employee Request

Name (Print)______________________________________ Request Date___________________
Current Position____________________________________ Supervisor_____________________
Check one: 
[ ] Seminar  [ ] College Course  [ ] Workshop  [ ] Conference  [ ] Other:_________________________
Title ___________________________________________________________________________
School or Organization___________________________________________________________
Dates of attendance ________________________ Total Hours Training _______ Cost: $__________
What specific knowledge or skill will you learn _____________________________________________
_______________________________________________________________________________
How will the acquired knowledge or skill help improve your performance and/or prepare you for more advanced 
responsibilities? ________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
Employee Signature______________________________

Attach description of training with completed registration form and forward to your supervisor for approval process.

Section B: Approvals

Review and approve based on appropriateness, cost, scheduling, and quality of training.

Supervisor____________________________________________ Date___________________
Division Manager_______________________________________ Date___________________