

HSS 23/24 Staff Professional Development Training/Seminar Request

Section A: Employee Request

Name: _____ Date: _____

Job title: _____ Supervisor: _____

Department: _____

Check one:

Seminar Workshop Conference other: _____

Title of the activity: _____

Organization name: _____

Location: _____

Dates of attendance: _____ Number of training hours: _____

Cost: \$ _____ (*\$1,000 college fund available*) Fund code _____ Dept ID _____

Cost \$ _____ (*other cost funded by the Dept*) Fund Code _____ Dept ID _____

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 _____

We highly encourage you to discuss and outline your workflow plan with your supervisor while you are out.

Section B: Approvals (Supervisor)

Supervisor signature: _____ Date _____

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

Approved _____ Denied _____

If denied, explain: _____

College Approval:

Dean signature: _____ Date _____

CBO signature: _____ Date _____

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

Approved _____ Denied _____

If denied, explain: _____

Please upload the request via DocuSign with the following recipient flow.

Initiate – Employee

1st approver – Chair’s approval and allowing to edit to select approved or denied and explain

College validation – Christine Hintermann (allow to edit)

2nd approver – Dean, and allowing to edit to select approved or denied and explain

Budget approval – CBO (Ruth Cortez)