Staff Professional Development Form

Employee Name: __________________________________________________

I am requesting approval for the following:

Date: _____________________  Cost: _____________________

Overview of Training:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How does this relate to your current and/or potential future position? Have you discussed this opportunity with your supervisor?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please attach copies of any relevant documents.

Requested by: ________________________________  Date: ____________
Funded by department: __________________________  Funded centrally ________

INTEROFFICE USE ONLY:

Approved by: ________________________________  Date: ____________
Not Approved by: ______________________________  Date: ____________
Human Resources Officer: ________________________  Date: ____________
Reason: __________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

THE OHIO STATE UNIVERSITY
MANSFIELD