

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: _____

