



ROANOKE COLLEGE

ROANOKE COLLEGE STAFF PROFESSIONAL DEVELOPMENT REQUEST FORM

INSTRUCTIONS

Please complete the form and submit to your supervisor. You may attach supporting documentation to this form. Staff development funds are limited and are not guaranteed. If approved and there will be travel costs, you will also need to submit a Travel Authorization form to your divisional leader. Please allow sufficient time for processing.

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

SUPERVISOR NAME: _____

DATE(S) OF PROFESSIONAL DEVELOPMENT: _____

DATE REQUEST SUBMITTED: _____

TYPE OF PROFESSIONAL DEVELOPMENT ACTIVITY

- Seminar
- Professional Conference
- Class for Certification, Accreditations or Credentialing
- Workshop
- Specialized Training Class
- Other: _____

DESCRIPTION OF ACTIVITY, INCLUDING DATE(S) AND GEOGRAPHIC LOCATION

PURPOSE OR GOALS OF ATTENDING

ESTIMATED COSTS

SESSION FEE	TRAVEL (MILEAGE/AIR)	HOTEL	FOOD	TOTAL

EMPLOYEE AUTHORIZATION

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR'S APPROVAL

SUPERVISOR'S APPROVAL: _____ DATE: _____

PROFESSIONAL DEVELOPMENT APPROVAL: REQUEST **APPROVED** REQUEST **DENIED**