



Professional Development Request Form

This form is to be submitted to the Human Resources Department for **pre-approval at least two weeks (10 business calendar days) in advance prior to the class/workshop begins.**

Name _____ Date _____

CHECK THE TYPE OF PROFESSIONAL DEVELOPMENT:

- ☐ Course related to education from an accredited university.

College or University: _____ Class(es) Begin: _____

Course Number: _____ Title: _____ Credit Hours: _____

Course Number: _____ Title: _____ Credit Hours: _____

Course Number: _____ Title: _____ Credit Hours: _____

- ☐ Professional (education related) conference or workshop.

Name of Conference/Workshop: _____ Date: _____

Sponsoring Organization: _____

- ☐ Other (list specific details)

Date: _____ Sponsoring Organization: _____

For any of the above professional development, describe the benefits of this activity for your classroom (list objectives for students and how results will be used): _____

| For Official Use Only | |
|---------------------------------------|---------------------------------------|
| Prior Credit Approval | Credit Approval |
| Date: _____ | Date: _____ |
| Approved: _____ Not Approved: _____ | Approved: _____ Not Approved: _____ |
| Reason: _____ | Reason: _____ |
| _____ | _____ |
| _____ | _____ |
| Director of Human Resources Signature | Director of Human Resources Signature |