



EMPLOYEE GROWTH AND DEVELOPMENT COURSE/WORKSHOP/SEMINAR REQUEST

Name of Requester: _____ Title/Department: _____

Name of Course/Workshop/Seminar: _____

Course:

Workshop/Seminar:

Name of College or University

Total Cost: \$_____

Credit hours of course

Cost per Credit Hour

Amount requested: \$_____

Date and Time: _____
From To

Location: _____

How will Course/Workshop/Seminar benefit you and/or the College? _____

Does participation in Course/Workshop/Seminar require absence from work? Yes No
Attach copy of travel request and brochure.

Supervisor's comments on request and its effect on requester's position: _____

Supervisor's signature

Recommendation by Employee Growth and Development Committee:

Date: _____

Approved Denied Amount approved if Workshop/Seminar: \$ _____

Comments: _____

Employee Development Chairperson Signature

Recommendation by the President:

Date: _____

Approved Denied Signature: _____

Criteria:

Updating one's knowledge and information in an area that is directly related to the employee's job responsibilities and subject area.

Achieving a significant accomplishment that will benefit not only the employee but the institution.

Serving as the institution's representative to gain knowledge and information that will be shared with all staff in improving institutional effectiveness.

Participation in a project that will increase the quality of College programs and services.

Achieving knowledge and information that will prepare the employee for promotion opportunities within the College.

Completion of an educational course or program of study through an accredited institution.