

Employee Development Program Request

Applicant Name _____ Date of Application ____/____/____

Position _____ Department _____

- Educational Advancement (advanced degree)
- Professional Conference/Training/Workshop
- Developmental Program (career development or skills training)

Course/Conference/Seminar/Workshop Name

Sponsoring Institution or Organization (name and address)

Date(s) of program _____

Cost of Training \$ _____

Related costs (travel, lodging, subsistence, etc.) \$ _____

Total Cost \$ _____

Program Justification (Does program relate to current job duties; provide new knowledge and skills to enhance job performance; meet a training need resulting from job restructuring; provide a required job-related professional certification or license; provide a required job-related degree program; or enhance the university's ability to respond to current and future needs and/or meet strategic objectives?)

Schedule (explain how any conflicts with normal work schedule will be resolved)

Comments _____

I ACKNOWLEDGE THAT IF I FAIL TO COMPLETE THE PROGRAM, LEAVE ACTIVE PAY STATUS, AM PLACED ON DISCIPLINARY SUSPENSION OR TERMINATE EMPLOYMENT DURING THE PROGRAM I WILL BE REQUIRED TO REIMBURSE THE UNIVERSITY FOR ALL COSTS INCURRED FOR THIS PROGRAM. I ALSO ACKNOWLEDGE THAT BY PARTICIPATING IN THE PROGRAM I AM NOT GUARANTEED ADVANCEMENT AT THE UNIVERSITY.

Applicant Signature _____/_____/_____
Date

Supervisor/Manager/Director Signature _____/_____/_____
Date