

Professional Development Request Form

Office of Residence Life
Southeast Missouri State University

USER INSTRUCTIONS

Form Purpose: Use this form to request approval for professional development activities.

How to Complete this Form: Fill out this form on-line and then print it. Alternately, print this form and complete it by hand.

How to Submit this Form: Submit a hard copy of this form or send the completed form to your direct supervisor.

Deadline: This form must be received and approved one month in advance of the professional development activity.

EMPLOYEE INFORMATION

Name:

Date:

PROFESSIONAL DEVELOPMENT PLAN DETAILS:

Name of training/workshop/conference: _____

_____ Dates: _____

Location: _____

Provide details describing objectives, topics, and content that should be covered during this activity.

Explain briefly what you intend to learn or gain (personally and/or professionally) from attending this activity.

How does this training/development relate to your primary assignment or role at Southeast?

How will your attendance at this activity benefit the staff you supervisor or the students you work with?

Do you intend to submit a proposal to present at this professional development opportunity? (circle) Yes/No
If yes, on what topic(s) will you submit?

PROJECTED EXPENDITURES:

Registration cost: _____

Lodging: _____ (____ nights)

Travel: _____ Airfare or Train (circle one)

Car Rental: _____ or Personal Vehicle Mileage: _____

Ground transportation: _____ Cab, Shuttle, Subway, Parking, Other (circle one)

Meals: _____ (# of breakfast ____, lunch ____, dinner ____)

Other (please specify): _____

Grand Total: _____

APPROVAL:

Employee signature: _____ Date: _____

Supervisor/Director signature: _____ Date: _____

Type or Print name of Supervisor/Director: _____

Professional Development Evaluation Form

Office of Residence Life
Southeast Missouri State University

USER INSTRUCTIONS

Form Purpose: Use this form to evaluate your recent professional development activities.

How to Complete this Form: Fill out this form on-line and then print it. Alternately, print this form and complete it by hand.

How to Submit this Form: Submit a hard copy of this form or send the completed form to your direct supervisor.

Deadline: This form must be received within one month of the professional development attendance.

EMPLOYEE INFORMATION

Name:

Date:

PROFESSIONAL DEVELOPMENT DETAILS:

Name of training/workshop/conference: _____

_____ Dates: _____

Location: _____

EVALUATION/REFLECTION

What implication does the information you learned or gained while attending the activity have for your area? Our office? This institution?

How will you use this information in your area or role at Southeast?

What questions were raised for you during the professional development activity?

How can this information be used to accomplish departmental or divisional goals?