

Individual Professional Development Application

*This program is for registration fees and certification testing fees for non-bargaining unit employees who have been with the organization for at least one year. Any additional costs must be covered by the department and/or employee. The maximum amount of Organizational Development Program funding an employee may request is **\$600 per fiscal year**.*

*Applications and all supporting documentation should be submitted to Human Resources, Attn: Organizational Development Committee at least **four weeks prior to the start of the event**.*

Employee Information

Name: _____ Department: _____

Job Title: _____ Date of Hire: _____

Phone Number: _____ Date of Request: _____

Employee Signature: _____

Skill Development Information

Title of Training: _____ Sponsoring Organization: _____

Location of Training: _____ Registration Fee: _____

Training Start Date: _____ Training End Date: _____

Purpose of Training – Attach documentation (i.e., flyer, brochure, agenda, printout of webpage) on training content, training title, name of sponsoring organization, location, training date(s), and registration fee.

Please check which of the following Board strategic directions this training will support:

- Maximize learning
- Increase collaborative opportunities
- Build the capacity for continuous improvement
- Close gaps and reduce inequities
- Advocate for public education
- Foster communication and engagement

Please describe how this training will support the indicated strategic direction(s):

A letter of recommendation from your supervisor must accompany this application. This letter should include: 1) How the training will enhance your job performance and 2) How it will affect your contribution to the department and/or organization based on established organizational strategic directions (please provide examples).

Supervisor Approval

Supervisor Name: _____ Phone Number: _____

Supervisor's Signature: _____ Date: _____

Note: Employee and supervisor signatures indicate an understanding of the program guidelines and agreement that the application adheres to program guidelines. Employee and supervisor signatures also indicate agreement that the employee will provide documentation of training completion within 10 business days of the training end date.

Application Checklist

Did you:

- Sign the form?
- Obtain your supervisor's signature?
- Attach your supervisor's letter of recommendation?
- Attach required documentation (refer to Skill Development Information section)?

Please submit your request to Human Resources, Attn: Organizational Development Committee.

Organizational Development Committee Review

Date Received: _____

Date acknowledgement of receipt of application was sent to applicant: _____

Date reviewed by Organizational Development Committee: _____

Date Forwarded to Carole Schmidt/Larry Thomas for review: _____

Date acknowledgement sent to applicant that application was forwarded to Carole/Larry: _____

Cabinet Review

Approved by Carole/Larry? Yes No (If no, reason for denial _____)

Carole/Larry Signature: _____ Date: _____

Please return this form to Human Resources, Attn: Organizational Development Committee.

Notification of Decision

Date applicant was notified of Carole/Larry's decision: _____

Payment of Registration Fee

Date registration fee was processed: _____

Organizational Development Committee Member Signature: _____

Documentation of Training Completion

Date documentation of training completion was received: _____

Organizational Development Committee Member Signature: _____

Note: Failure to provide documented proof of training completion may result in required restitution by the individual to the Organizational Development fund for the training event registration fees. Failure to provide documented proof of training completion may also affect the individual's ability to apply for/access Organizational Development funds in the future.

For questions concerning this form and/or the Individual Professional Development Program, please refer to the Individual Professional Development Program Guidelines on the Oakland Schools Intranet (location on website). Feel free to speak with any of the Organizational Development Committee members for clarification or additional information.

Alicia Beck	248.209.2143	Danelle Gittus	248.209.2181	Louise Mancuso	248.209.2029
Andrea Berry	248.209.2434	Kristine Gullen	248.209.2001	Julie McDaniel	248.209.2346
Mario Bravo (Co-Chair)	248.209.2590	Joe Hoover	248.209.2559	Shelley Rose	248.209.2186
Brandi Carmichael	248.209.2412	Jean Jocque	248.209.2519	Jim Troost	248.209.2349
Lauren Childs (Co-Chair)	248.209.2273	Laurie King	248.209.2243	Scott Waldman	248.209.2355

January 2011