

# PROFESSIONAL development

MOUNTAIN VIEW COLLEGE LEAD INSTITUTE

## PROFESSIONAL DEVELOPMENT FUNDING REQUEST FORM

Professional development expenditures are for activities associated with employee training, seminars or retreats that support the growth and development of the staff at MVC. Funds will be transferred to the responsible division when the Professional Development Committee approves the staff development activity. Please attach a copy of documentation describing the activity (conference brochure, etc.)

<b>Name:</b>		<b>Dept/Phone:</b>	
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**Description of Professional Development Activity, including rationale for participation:**

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**Please identify which Professional Development Objectives your activity is linked to:**

<input type="checkbox"/> <b>Training</b>	<input type="checkbox"/> <b>Teamwork</b>	<input type="checkbox"/> <b>Research</b>
<input type="checkbox"/> <b>New Employee Success</b>	<input type="checkbox"/> <b>Personal/Professional Enrichment</b>	

<b>Amount Requested</b>	<b>Date of Activity</b>	<b>Division Number (for funds transfer)</b>
\$		

**Please identify how funds will be used:**

<input type="checkbox"/> <b>Travel Expenses</b>	<input type="checkbox"/> <b>Registration Fees</b>	<input type="checkbox"/> <b>Consultant/Trainer</b>
<input type="checkbox"/> <b>Coursework</b>	<input type="checkbox"/> <b>Other, please explain</b>	

**If applying for additional funds to support this activity, please indicate source/amount of funding:**

\$	Departmental travel funds	\$	EDF	\$	Other, please explain
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\_\_\_\_\_  
Requesting Employee Signature/Date

\_\_\_\_\_  
Supervisor's Signature/Date\*

\*In case of supervisor denial of professional development request, please attach his/her brief explanation.

**For Office Use Only**

Review Date by HR/Professional Development Committee: \_\_\_\_\_ Funding Amount Approved: \$ \_\_\_\_\_

\_\_\_\_\_  
Chair of HR/Professional Development Committee

\_\_\_\_\_  
Vice President, Business Services

\_\_\_\_\_  
President

**TO RECEIVE FUNDING CONSIDERATION THIS FORM MUST BE COMPLETED AND RETURNED TO MICHAEL ARREDONDO S-1028**