

# STAFF DEVELOPMENT REQUEST FORM

SECTION I: To be completed by the employee.

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ACTIVITY REQUESTED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COST OF ACTIVITY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\*Please attach any literature or information pamphlets you may have concerning the proposed activity.

SECTION II: To be completed by the supervisor, if necessary.

If the requested activity will require time-off during scheduled working hours, this form must bear the supervisor's signature of approval.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SECTION III: To be completed by the Personnel Officer.

DATE RECEIVED IN PERSONNEL OFFICE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SECTION IV: To be completed by the Committee.

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF ONE COMMITTEE MEMBER OTHER THAN THE PERSONNEL OFFICER:

\_\_\_\_\_