APPLICATION FOR PROFESSIONAL DEVELOPMENT
SALARY SCHEDULE UNITS, PROGRAM APPROVAL, RECOGNITION, or COST REIMBURSEMENT

Name ___________________________ Dept/Division ___________________ Date ____________

1. Information on activity:
   Title/Name of activity: ____________________________________________________________
   Sponsor: ______________________________________________________________________
   Date(s) of activity: ______________________________________________________________
   Employee Classification:   □ Faculty   □ Non-faculty
   Check category of professional development activity:
   □ Academic Credit  □ Special Project
   □ Technical Education □ Publication
   □ Workshop/Seminar/Conference

2. Action Requested: (mark all that apply)
   □ Approve Salary Schedule Units.
     Indicate the number of units requested: ____________________________
     (Refer to Professional Development Activity Guidelines for criteria)
   □ Approve Professional Development Program.
   □ Accept activity that is already part of my approved Professional Development Program.
   □ Approve for Recognition and addition to your personnel file.

3. On a separate sheet of paper, respond to each of the following as applicable:
   a. Describe your proposed professional development activity. Define specialized acronyms and provide specific details. Careful proofreading and grammatical accuracy facilitate committee discussion and action.
   b. For salary schedule units, explain how the proposed activity relates specifically to your current assigned duties. Review the Professional Development Activity Guidelines and also attach the required application materials for the activity type indicated above.
   c. For professional development program approval, include the list of program courses, your anticipated enrollment terms, and anticipated program completion date (month & year).

4. Required Signatures
   □ If awarded, I agree to repay all money allocated to me for cost reimbursement through payroll deduction if a) or b) below is met:
     a) I am unable to provide activity completion evidence to the Professional Development Committee, or
     b) For voluntarily, non-emergent reasons I do not fulfill my current contract/appointment for the ongoing academic or fiscal year.

Applicant: ______________________________________________________________________

This proposed activity has been discussed with and approved disapproved by the appropriate supervisor. Date: ____________
Print Name: ____________________________
(Supervisor)
Supervisor: ____________________________

Applicant: ______________________________________________

Completion Initials: _______ SSUs recorded _______ Recognition filed _______ Payment initiated

(FOR COMMITTEE USE ONLY)

□ Approved for ____ Salary Schedule Unit(s)  □ Approved Professional Development Program
□ Approved Professional Development Program Activity
□ Approved for Recognition  □ Not approved
□ Approved Cost Reimbursement for $ ________  □ Not approved

Signature (Committee Chair or Representative):

__________________________________________ Date: ____________

Activity verification signature:

__________________________________________ Date: ____________

Form Revised: 5/4/2016 - PDC