

**REQUEST FOR PROFESSIONAL DEVELOPMENT FUNDS**  
*Attach Check request form, Travel reimbursement form and receipts as necessary.*  
*Incomplete packets will be returned.*

**TO BE COMPLETED BY STAFF MEMBER**

Staff Name: \_\_\_\_\_ Currently in Probationary Pd (first six months)?  Yes  No

Department: \_\_\_\_\_

**Purchase Request** (professional dues, books, certifications, e.g.)

Item: \_\_\_\_\_ Cost: \_\_\_\_\_

Will you gain CEU or CME Credits from this purchase?  Yes  No

**Seminar/Course/Conference Request**

Name of Seminar/Course/Conference: \_\_\_\_\_

Will you gain CEU or CME Credits for attending?  Yes  No

| Seminar Date(s) |     | Seminar Time |    | TOTAL HOURS |
|-----------------|-----|--------------|----|-------------|
| FROM            | TO  | FROM         | TO |             |
| / /             | / / | :            | :  |             |

**Expenses:**

Registration \_\_\_\_\_

Travel \_\_\_\_\_

Mileage (Attach [Travel reimbursement request form](#)) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Staff Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**TO BE COMPLETED BY SUPERVISOR**

Request Approved  Request Not Approved

**Supervisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**IF STAFF HAS NOT COMPLETED PROBATIONARY PERIOD, VP/CHIEF APPROVAL IS REQUIRED**

Request Approved  Request Not Approved

**VP/Chief Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For HR and Executive Use Only**

\_\_\_\_\_  
 Director of HR Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 President and CEO Signature

\_\_\_\_\_  
 Date

Date Received: \_\_\_\_\_

Date to Finance: \_\_\_\_\_

Professional Development balance: \$ \_\_\_\_\_

Date: \_\_\_\_\_