

PROFESSIONAL DEVELOPMENT REQUEST FORM

- Licensing Required Training
- Non-Credit Training (Workshops, Conferences)
- Credit-bearing Coursework

Check one: EHS HS

Check one:	
<input type="checkbox"/> Health Care Tracking/Follow-up	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Curr. Asst. & Outcomes	<input type="checkbox"/> Fiscal Mgmt.
<input type="checkbox"/> Facilities, Mat;s, Equip. & Trans	<input type="checkbox"/> ERSEA
<input type="checkbox"/> Family Partnership Buildings	<input type="checkbox"/> National Initiatives
<input type="checkbox"/> Obesity	<input type="checkbox"/> Mgmt. Systems
<input type="checkbox"/> Fatherhood	<input type="checkbox"/> HR Mgmt.

Applicant's Name	Phone #	Date Submitted	Registration Deadline
Position Title/Work Site	Fee/ Cost of Training	Date of Training	
Locations of Training- Site, City, State	Title/Trainer / Course (include documentation and completed registration form)		
Number of out-of-agency trainings attended this program year	Number of out-of-state trainings attended this program year		

EMPLOYEE:

How will this training benefit you?

- Yes, this training has been identified on my Professional Development Plan and/or Performance Appraisal.
- I have attached a copy of my Professional Development Plan with this Professional Development Request form.
- (Check only if requesting payment for credit-bearing coursework) I have completed the Education Payment Agreement (Form #504)

_____/_____/_____
 # of credits completed to date / # of credits yet to complete in degree/ # of credits requesting payment for

- I will share information learned at this training: __at my team meeting __at my site meeting __in a newsletter __other
- My signature indicates that I will fulfill these requirements.

Signature of employee

MUST BE COMPLETED BY EMPLOYEE WHEN TRAVELLING OUT OF REGION

<u>Date you need:</u>	<u>Time you need:</u>	<u>Shall DCPC</u>	
_____ To leave	_____ To leave	Arrange transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ To return	_____ To return	Make conference reservations	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ # of overnights	Comments:		

Employee will be informed of approval or non-approval as indicated on this form. Processed form will be placed in employee's site mailbox.

SUPERVISOR:

How will this training benefit the agency?

- More effective in present job
- Prepare for advancement/upgrade skills

COMMENTS:

Supervisor's Approval	Date	Director's Approval <i>(if applicable)</i>	Date
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PROFESSIONAL DEVELOPMENT DIRECTOR:

COMMENTS:

- Approve
- Disapprove

Professional Development Director Signature Date

EXECUTIVE MANAGEMENT:

COMMENTS:

- Approve
- Disapprove

Executive Management Signature Date

Dane County Parent Council, Inc. operating Project Head Start,
is a non-profit corporation and does not discriminate in the administration of its programs.