



CISCO COLLEGE

Professional Development Request

Name (s) of Participate(s): _____ Date of Request: _____

Department: _____

EVENT DETAILS			
<i>Date of Event</i>		<i>Amount Needed:</i>	
<i>Name of Event:</i>			
<i>Short Description of Event:</i>			
EXPLAIN REASON FOR SELECTING THIS DEVELOPMENT OPPORTUNITY. RELATE THE EVENT TO DUTIES, COURSES, SPECIFIC STUDENT LEARNING OUTCOMES, CORE CURRICULUM OBJECTIVES, AND PROFESSIONAL DEVELOPMENT GOALS IDENTIFIED IN YOUR ANNUAL EVALUATION.			
EXPLAIN HOW YOU WILL IMPLEMENT WHAT YOU LEARN IN YOUR DUTIES, COURSES, ASSIGNMENTS, OR DEPARTMENT.			
OTHER INFORMATION			
BUDGET NUMBER FOR PAYMENT/REIMBURSEMENT OR INDICATE OWNER OF PCard USED			

Employee: _____ Date _____

Supervisor: _____ Date _____

Administrative Approval: _____ Date _____

Form Distribution: If requesting a reimbursement or advance, send this form with travel reconciliation form to Purchasing (original receipts required for reimbursement); include copy of this form in annual evaluation. If requesting approval &/or using a PCard, attach signed form and original receipts to monthly expense report; keep copies for your files and include this form in faculty evaluation plan.