

PROFESSIONAL DEVELOPMENT APPLICATION (EXCLUDED PERSONNEL)

Name: _____

Department: _____

Local: _____

Title/Name/Description of Professional Development Request:

_____ (Attach information, details or brochure.)

FUNDS REQUESTED

	Request Amount (\$)	Other Sources (\$)	Details	Approved Amount (\$)
Course/Registration Fees				
Tuition Fees				
Travel/Meals/Accommodation				
Books/Materials				
Other				
Total				

Total Request Amount: \$_____ Advance Requested: \$_____ Date for Advance: _____

OTHER INFORMATION

Date funds needed: _____

Benefits to the College: _____

I acknowledge that my request for funding is in compliance with the Douglas College Professional Development Guidelines for Exempt Employees:

Employee Signature

Date

RECOMMENDATION OF V.P./DEAN/DIRECTOR

Is the employee serving their probationary period? Yes No If yes, when will probationary period end? _____

Comments:

V.P./Dean/Director Signature

Date

APPROVAL OF PD COMMITTEE CHAIRPERSON

PD Committee Chairperson Signature

Date

Amount: \$ _____

Cost Centre: _____

Expense Report Received: Yes No