***Richard Bland College Professional Development (PD) Request Form***

**Please complete sections 1-6, and submit form to your supervisor for review.**

***1. Administrative Data:***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name: |  | | Department: |  | | | Date: |  |
|  | PD Location: | |  | | | PD Date(s): |  | | |

**2. *Type of Professional Development Request:***

|  |
| --- |
| Conference/Seminar Attendance |
| Tuition Reimbursement |

Other

|  |
| --- |
| Sabbatical Leave |

Mini-grant

***3. Explanation of Expenses (please be specific):***

***If requesting tuition reimbursement, please provide the following information (note - reimbursement may be authorized for one course, up to $1,500.00 per semester):***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course  Number | Course Title & Description | Course Start Date | Course End Date | Course Time | Tuition | Total Requested Reimbursement |
|  |  |  |  |  | $ | $ |

***4. Describe how this professional development supports the RBC Strategic Plan 2019 (please be specific):***

***5. Describe how this professional development experience supports your individual development plan and/or performance-related goals (please be specific):***

***6. How will you pass the knowledge gained from this professional development on to your colleagues and/or RBC students? (please be specific):***

***Important information:*** If requesting travel, please submit a per diem worksheet using the online calculator at

<http://www.vccs.edu/services/perdiem/>. The maximum allowable tuition reimbursement per semester for one course

is $1,500.00. A course description and grade attained must be included with the request form. Reimbursement will

only be made for expenses documented and approved on this form. Attach copies of all necessary information (course

registration and grade information, conference/seminar flyer, grant proposal, etc). Approval of expenses is subject to

those allowable by State policy.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | |  | ***Signature / Date*** |
| **Recommendation** | **Recommend Approval:** 🞎 Yes 🞎 No | | |  |  |
| **Supervisor** | **Comments:** | |  |  |  |
| **Recommendation** | **Recommend Approval:** 🞎 Yes 🞎 No | | |  |  |
| **Director, Institutional Effectiveness & Strategic Initiatives** | **Comments:** | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Approval** | **Approval:** 🞎 Yes 🞎 No | |  |  |
| **President** | **Comments:** |  |  |  |

# HR Use Only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ***Date Received*** | | ***Amount Approved*** |  |  |
|  |  | |  |  |  |
|  |  |  |
|  | |  |  |  |  |

Copy of approved Professional Development Request Form submitted to the Business Office for processing on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy of approved Professional Development Request Form returned to employee on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_