******

***Professional Development Request Form***

***1. Administrative Data:***

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

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

|  |
| --- |
| [ ]  Conference/Seminar Attendance |
| [ ]  Tuition Reimbursement |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| [ ]  Sabbatical Leave |
| [ ]  Mini-grant |

***3. Total Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Explanation of Expenses (please be specific):***

***If requesting tuition reimbursement, please provide the following additional information (Note - reimbursement may be authorized for one non-RBC course, up to $1,500.00 per semester. Course must be job-related and will only be reimbursed if the course is not offered by RBC)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Number | Course Title & Description | Course Start Date | Course End Date | Course Time |
|  |  |  |  |  |

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

***5. Describe how this professional development experience supports performance-related goals (please be specific):***

***\*\* If requesting travel, please attach a completed RBC Travel Authorization Form \*\****

|  |  |  |
| --- | --- | --- |
|  |  | ***Signature / Date*** |
| **Employee** | **Comments:**   |  |  |  |
| **Recommendation** | **Recommend Approval:** 🞎 Yes 🞎 No |  | ***Signature / Date*** |
| **Supervisor** | **Comments:**   |  |  |  |

# **PD Committee Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Date Received***  | ***Amount Approved*** |  | ***Denied – Reason(s) Why*** |
|  |  |  |  |  |
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***PD Committee Signature/Date***

# **PD Committee Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Date Received***  | ***Amount Approved*** |  | ***Denied – Reason(s) Why*** |
|  |  |  |  |  |
|  |  |  |
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***President’s Office Signature/Date***