



Professional Development and Training Request Form

Human Resources

- Please submit this form to the Human Resources Office before the first day of your class or workshop. If you are requesting tuition reimbursement, please attach your transcript and payment receipt.
- All classes, workshops and seminars must be pre-approved and authorized by the approving supervisor prior to submitting this form to HR.

***Professional Development is available to permanent Classified and Exempt/Administrative staff. ***

Section A: Employee Information	
Name:	Email:
ctcLink ID:	Phone:
Position/Classification:	Department:
Section B: Professional Development Details	
Provider/Institution:	Quarter or Semester System:
Graduate or Undergraduate Course:	Duration (or quarter):
Course Name:	Location:

<p>Credit Class Credits: _____</p> <ol style="list-style-type: none"> Submit this form before first day of class. Attach course description, registration form and paid receipt. At the end of the quarter, submit a copy of your transcript. <p>Cost of tuition and fees: \$ _____</p> <p>*Funding for Undergraduate Courses is at the rate of \$200 per quarter credits or equivalent. A maximum reimbursement \$2,400 is allowed per academic year.</p> <p>*Funding for Graduate Courses is at the rate of \$400 per quarter credits or equivalent. A maximum reimbursement of \$4000 is allowed per academic year.</p>	<p>Workshop, Seminar, or CCE (non-credit)</p> <ol style="list-style-type: none"> Submit this form before your workshop. Attach registration and/or copy of announcement or brochure. After event submit proof of completion. <p>Cost of workshop/seminar \$ _____</p> <p>*A maximum reimbursement of \$350 is allowed per academic year.</p>	<p>Textbook/Workbook/Supplies</p> <ol style="list-style-type: none"> Attach proof of payment if outside of the college, otherwise cost of the book through SPSCC bookstore. <p>Cost of books, workbook and or supplies \$ _____</p> <p>*A maximum reimbursement of \$350 is allowed per academic year.</p>
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Reason for requesting this training: _____

Is this course, training or activity a component of your professional development plan? Yes No

Budget Code to be charged:

Professional Development Funds: 148 – 083 – 25101 – 5081100

Alternative Budget:

<p>Employee Signature</p> <p>X _____</p> <p>Date: _____</p>	<p>Authorizing Supervisor Signature</p> <p>X _____</p> <p>Date: _____</p>	<p>HR Representative Signature</p> <p>X _____</p> <p>Date: _____</p>
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