



Continuing Education Opportunity

Request For Approval

Note: To apply, you must be employed full-time with no active corrective action on the file. Also, successful completion of a 6-month probationary period is required.

EMPLOYEE INFORMATION:

Employee Name (First and Last):	Employee ID:
Department:	Job Title:
Work Email:	Date:
Supervisor/Manager:	

PROGRAM INFORMATION:

Learning Categories (Please indicate by checking a box): <input type="checkbox"/> Seminar/Conference <input type="checkbox"/> College/Graduate Study <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Professional Certification <input type="checkbox"/> On-The-Job Recommended Training	Learning Frequency: <input type="checkbox"/> Annual (One-Time Only) <input type="checkbox"/> Ongoing/Open <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Periodic <input type="checkbox"/> On Request	Learning Mode: <input type="checkbox"/> Virtual <input type="checkbox"/> In-Person <input type="checkbox"/> Hybrid	Hours Requesting/Duration:
Provider/College Name:	Phone:				
Address:	City:	State:	Zip:		
Program Duration: Start Date: End Date:	Will Certifications or Licenses Be Awarded (Please check) <input type="checkbox"/> Yes <input type="checkbox"/> No				

PROGRAM DESCRIPTION:

Please briefly describe the learning program (program title and brief description)

Please explain briefly how this learning opportunity will help contribute to your job performance and professional development.

CERTIFICATION:

I certify that the information provided above is true to the best of my knowledge and belief, and I understand that I subject myself to disciplinary action up to and including termination in the event that the above information is found to be falsified.

Employee Full Name (Taken as Signature): Date:

DO NOT WRITE BELOW THIS LINE (For Official Use)

Continuing Education is: Approved Denied (Give reason)

Approver Name:	Email:	
Designation:	Department:	Hours Approved: