



Employee Professional Development Event Completion Form

Any documentation pertaining to this event (certificates, handouts, etc.) should be attached to this document.

Schedule of Submission

All employees must submit completed forms to supervisor by May 1st.

Employee Information

First Name:

Last Name:

A#:

Are you a Supervisor? (8 hour minimum for faculty and staff; 12 hour minimum for supervisors.):

Yes No

Professional Development Session Information:

Event Name:

Event Start Date:

Event End Date:

Event Type (Conference, Online Course, etc.):

Event Summary:

Would you recommend this professional development session to someone else?: Yes No

Number of Professional Development Hours Approved by Supervisor: _____ Hours

Supervisor Information

Supervisor Signature Recognizing Completion:

X _____