Employee Professional Development Form

#### heights High School

**Please submit to your Appraiser/Department Administrator for approval at least 30 days prior to training date.**

**If approved, the absence should be recorded in One Source as off campus duty with specifics as noted in Faculty Handbook.**

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| --- | --- | --- | --- | --- | --- |
| **Employee Name** | | **Employee ID Number** | | | **Today’s Date** |
|  | |  | | |  |
| **Professional Development Training Program Title** | | **Date of Training** | | | |
|  | |  | | | |
| **Training Provider (Company)** | **Location** | | | **Cost** | |
|  |  | | |  | |
|  | | | | | |
| I am requesting to participate in this staff development because:  □ Requested by appraiser/administration  □ Part of my professional development plan  □ I am interested in the topic | | | | | |
| As a result of this staff development, I expect to learn (short description): | | | | | |
| I expect to be able to use this information in my teaching as follows (short description): | | | | | |
| I agree to share the information I learn with my colleagues during a department/cluster meeting. | | | | | |
| **Requestor Signature** | | | **Date** | | |
|  | | |  | | |
| **\*Appraiser/Dept. Administrator -\*Approval required** | | | **Date** | | |
|  | | |  | | |
| **Principal Signature** | | | **Date** | | |
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