

REQUEST FOR PROFESSIONAL DEVELOPMENT

Name:	SS #: LAST 4 ONLY	Date:
Name of Program/Course you wish to attend:		
Location of the Program/Course:		

Start Date	Start Time	Ending Date	Ending Time	Total Hours

Is this Course/Program required for your job? Yes or No

How will YOU benefit from this Course/Program?

How will the Department benefit from sending you to this Course/Program?

Have you covered any duty time or on-call time? Yes or No or Not on call/duty

If YES how?

<input type="checkbox"/>	Accommodations	# of Days/Nights		Room Rate	\$	
<input type="checkbox"/>	Registration Fee	Amount:	\$			
<input type="checkbox"/>	Book/Materials	Amount:	\$			
<input type="checkbox"/>	County Vehicle	# of Miles				
<input type="checkbox"/>	Meals	# of B/L/D				
<input type="checkbox"/>	Comp. Time	# of Hours				
<input type="checkbox"/>	Time on Duty	# of Hours				
<input type="checkbox"/>	Other					

Type of Compensation Requested:

Can you handle your own registration, reservations, etc. and be reimbursed after you successfully complete this class? Yes or No

PLEASE ATTACH A NON RETURNABLE COPY OF ALL APPLICABLE
COURSE/PROGRAM INFORMATION

EMPLOYEE SIGNATURE _____

Date: _____

CHIEF'S SIGNATURE: _____

Date: _____

Approved/Denied