**Virginia Western Community College
Professional Development Request Form**

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| Employee Name:  | Section/Division: |
| Position Title: | Teaching Field (For Faculty): |
| EMPL ID: | Position Number: |

Request Type (Must select one):

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| **Licensure and Certification:**  |
| Agency or Group Backing License or Certification: |
| Start Date: | Expiration Date: |
| Cost: | Applicable Fees: |
| Total Request: |

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| **Conference Title:** |
| Location: | Sponsoring Group: |
| Start Date: | End Date: |
| Registration Cost: | Travel/Lodging Cost: |
| Total Request: |

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| **Course Title:** |
| **INDIVIDUALS REQUESTING A COURSE MUST ALSO COMPLETE A VCCS-16 FORM on VWConnect under HR** |
| Location/School/Agency: | Semester Hours: |
| Start Date: | End Date: |
| Tuition Costs: | Mandatory Fees: |
| Total Request: |

Additional Required Information (Must complete in total)

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| Activity’s Relationship to Current Job Role (Supervisor’s signature verifies that the request conforms with the policy definition of professional development): |
| How will this opportunity enhance your current skills and performance to benefit Virginia Western: |

Requestor’s Signature Supervisor’s Signature

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| Committee Use Only |
| Date Approved: | Funded Amount: |
| Entered: | Paid: |