



# PROFESSIONAL DEVELOPMENT REQUEST FORM

Human Capital Management

**User Instructions:** Please complete this form to request approval for professional development activities. Please attach a description of the training/professional development to request form and forward to your supervisor and Division VP for approval. When the form is complete, and all signatures have been obtained, the Department of Human Resources will authorize funding for professional development activity. **Incomplete forms will not be accepted and will be returned to the employee for completion.**

## SECTION A: EMPLOYEE INFORMATION

Employee Name:		Date:	
Department:		Job Title:	
Supervisor Name:		Division VP Name:	

## SECTION B: PROFESSIONAL DEVELOPMENT PLAN DETAILS

Name of Training/workshop/conference:		Location:	
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Dates of Attendance:		Cost of Activity:	
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Please provide details describing the objectives, topics, and content that will be covered during this activity:

Explain briefly what you intend to learn or gain (personally and/or professionally) from attending this activity.

How does this training/development relate to your primary assignment or role at Cal Maritime?

How will your attendance at this activity benefit the university or students you work with?

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION C: APPROVAL

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ If denied, provide explanation: \_\_\_\_\_

Appropriate Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division VP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HCM/HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_