

Vanguard Academy  
Human Resources  
Request for Professional Development Form

Employee Request

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Check one:  
 Seminar     College Course     Workshop     Conference     Other \_\_\_\_\_  
Title of Course/Activity: \_\_\_\_\_ School or Organization Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates of attendance: \_\_\_\_\_ Number of Training Hours: \_\_\_\_\_  
Cost of Course/Activity: \$ \_\_\_\_\_ Lodging: \$ \_\_\_\_\_ Travel: \$ \_\_\_\_\_  
Total Cost: \$ \_\_\_\_\_

How will this training make you better at your job? What specific knowledge or skill will you learn?

\_\_\_\_\_  
\_\_\_\_\_

How will the acquired knowledge or skill help improve your performance and/or prepare you for more advance responsibilities?

\_\_\_\_\_  
\_\_\_\_\_

How will this training create value for Vanguard and help us achieve our mission.

\_\_\_\_\_  
\_\_\_\_\_

How does this training solve an organizational problem.

\_\_\_\_\_  
\_\_\_\_\_

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

*Attach a description of the training with a completed registration form and forward to your supervisor for approval.*

Approvals

Review and approve based on appropriateness, cost, scheduling, and quality of training.

Approved     Denied

If denied, provide an explanation: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date \_\_\_\_\_

Director Approval: \_\_\_\_\_ Date \_\_\_\_\_

HR Approval: \_\_\_\_\_ Date \_\_\_\_\_

*If approved, submit purchase request and forward to accounting.*