

Employee Name: _____	Date of Request: _____
Department: _____	Work Telephone: _____

ACTIVITY INFORMATION

Type of activity: <i>(please check one)</i>	<input type="checkbox"/> Conference <input type="checkbox"/> Course/Workshop <input type="checkbox"/> Institute/Meeting <input type="checkbox"/> Presentation <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Advancement of credentials in professional field or education <input type="checkbox"/> Leadership Training <input type="checkbox"/> Webinar	
Location*: _____	Title of Activity: _____		
Start Date: _____	Completion Date: _____		

*Please note that if the activity is taking place outside of Canada you MUST also fill out an Out of Country Travel Request Form

CONTENT OF ACTIVITY

Activity objectives/topics/purpose.

Relationship to performance objectives/training requirements.

1. How does the opportunity align with individual professional and/or performance appraisal goals?

2. What skills will be developed or knowledge gained?

3. How does this contribute to you remaining current in your professional field(s)?

Direct or indirect benefits to the College.

1. How does the opportunity align with your department and/or program goals or college goals such as Vision 2020?

2. If applicable, how might this professional development opportunity benefit you colleagues?

3. **Optional:** Any other information that you would like to share in support of your request for professional development funds:

ESTIMATED COSTS

	<i>College</i>	<i>Employee</i>
Registration Fee:	_____	_____
Travel:	-	-
Meals:	-	-
Other <i>(please specify)</i>	_____	_____
Total Cost:	_____	_____
Time (hours):	_____	_____

If the activity is listed in the **Bow Valley College course calendar:**

- 1) The employee is to complete an *online Registration form.*
- 2) **Director -**
Please indicate if the course is:
 - Work related
 - Personal Interest (Taxable Benefit)

Employee Signature:	_____
Agresso Coding:	_____
	Account - Cost Centre - Project
Supervisor Signature:	_____
	Dean/Director's Signature: _____
President Signature (out of country only)	_____

REQUEST:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied		
IF APPROVED, IS A RETURN OF SERVICE AGREEMENT REQUIRED?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(This will depend upon the cost and duration of the approved activity)</i>				

Distribution: Employee Department Finance Human Resources

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