

## Archdiocese of Indianapolis - Professional Development Request Form

\*This form is required for professional development activities with a total cost over \$100\*

### EMPLOYEE INFORMATION

**Date:** \_\_\_\_\_ **Additional employees covered by this form:** \_\_\_\_\_  
**Employee Name:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  
**Department:** \_\_\_\_\_

### PROFESSIONAL DEVELOPMENT EVENT INFORMATION

**Please check the type of professional development:**  
 Webinar (web cast)     Self-study     Local event     Out-of-town event; Location: \_\_\_\_\_

**Name of conference or training:** \_\_\_\_\_

**Date of conference or training:** \_\_\_\_\_

**List the estimated costs below. All professional development costs are to be recorded to the following dimensions: Location 100, Program 1102.**

Registration Acct 90002	Misc. Travel Costs Accounts vary based on nature of expense	Mileage Acct 91002	Lodging Acct 91000	Meals Acct 91001	Membership fees Acct 90001	Other **	Total Costs

\*\*Please explain "Other Costs", if applicable:

**Describe your objectives for professional development and how it will improve the effective performance of your current position. Please provide any other information regarding the benefits of this program and the importance of participation.**

**Was the professional development activity budgeted for?**    Yes    No

If "No", please explain:

**Are there opportunities for learning to occur at a lesser cost (free, online, or locally)?**    Yes    No

If "No", please explain:

**Can just one employee attend this program and share the information with colleagues?**    Yes    No

If "No", please explain why more than one person needs to attend and list these attendees at the top of the form:

Please obtain the approval signatures below and attach this approved Professional Development Request Form to your Expense Reimbursement Request Form (if costs were paid out of pocket) or to your Intacct Payment Requisition (if we are paying an invoice). Your expense reimbursement request form is still required to be signed by your supervisor, consistent with our normal process for expense reimbursement requests.

### PROFESSIONAL DEVELOPMENT REQUEST FORM APPROVALS

<b>Supervisor</b> _____	<b>Date</b> _____
<b>Department Head</b> _____	<b>Date</b> _____
<b>Human Resources Director</b> _____	<b>Date</b> _____
<b>Chancellor</b> _____	<b>Date</b> _____