

**School of Pharmacy
Professional Development Program
Training Request**

Name:

Date of Request:

Training Title:

Date(s) of Training:

Briefly describe the nature of the training (Attach copies of training literature):

Required training is funded by the responsible department. Training supported through this program must be job related and enhance the ability of employees to contribute to the school's success beyond the job requirements.

Briefly describe the anticipated benefit to the school of attending the requested training:

Cost: \$

Includes:

Other sources of funding, e.g., Career Development Awards, CU Tuition Waiver, Community College Grant, etc:

Employee Signature:

Date:

As the above employee's supervisor, I support this request and certify that the training, while not required for the performance of assigned duties, will provide added opportunity for the employee to contribute to the school's success. I also understand that the employee is granted the requested administrative leave upon approval by the Staff Development Committee.

Supervisor Signature:

Date