



REQUEST FOR PROFESSIONAL DEVELOPMENT FUNDS

Please complete both pages of this form, attach any relevant materials (i.e., brochure, hotel reservations with rates, etc.), secure supervisor's signature, and submit to IECCHR@iecc.edu by the first of the month prior to the professional development opportunity. The earlier, the better.

Requested by: Request Date:

Position/Title:

EVENT DETAILS

Name of Event:

Type: Conference Seminar Workshop Other: Course Training Virtual Activity

Location:

Date(s): (Include both event date(s) and travel date(s))

Frequency: Annual Semi-Annual Varies Other:

ESTIMATED EXPENSE BREAKDOWN

Table with 2 columns: Expense Category, Amount (\$). Rows include Registration Fee, Meals, Lodging, Travel, Other, Total Estimated Cost, Total Amount Requested.

Professional Development Code to be used: 018-1093D-9902-806

CHECKLIST

Please check the boxes for the materials/information you have included:

- Completed Request Form (Signed by yourself and your supervisor)
Activity Brochure or Other Information
Hotel Reservation with Rates (See Preferred Hotel Listing https://cms.illinois.gov/employees/travel.html)

SIGNATURES

Employee's Signature Date Supervisor's Signature Date

APPROVALS

Approved Denied by District Professional Development Committee / Date:

Executive Director of Human Resources Date

Chancellor (If in excess of \$3,000) Date

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JUSTIFICATION FOR REQUEST OF FUNDS

Please complete this page so we can better understand what this professional development opportunity is and how it will benefit IECC.

If a brochure (or similar) is not available/attached, please provide a detailed description of this opportunity.

Explain the knowledge, skill, or ability you will gain from this opportunity.

Describe how this opportunity will benefit you in your current position or contribute to the goals of IECC.