



ILLINOIS EASTERN COMMUNITY COLLEGES

REQUEST FOR PROFESSIONAL DEVELOPMENT FUNDS

Please complete this form, including the attached documentation, to apply for professional development funds.

REQUESTED BY:
POSITION/TITLE

REQUEST DATE:

EVENT NAME:

EVENT TYPE: CONFERENCE SEMINAR WORKSHOP OTHER: _____
 COURSE TRAINING VIRTUAL ACTIVITY

EVENT LOCATION:

EVENT DATES:

TRAVEL DATES:

EVENT FREQUENCY: ANNUAL VARIES OTHER: _____
 SEMI-ANNUAL OTHER: _____

TOTAL COST: **REQUESTED AMOUNT:**

PLEASE CHECK THE BOXES FOR THE FORMS AND DOCUMENTS YOU HAVE INCLUDED:

- COMPLETED REQUEST FOR PROFESSIONAL DEVELOPMENT FUNDS (2 PP)
- ACTIVITY BROCHURE OR INFORMATION
- HOTEL RESERVATION WITH RATES (SEE PREFERRED HOTEL LISTING)

*Send completed form to IECCHR@iecc.edu by the 1st of the month prior to professional development.
The earlier, the better!

PROFESSIONAL DEVELOPMENT CODE TO BE USED:
018-1093D-9902-806

APPROVALS

APPROVED DATE: _____
 DENIED

SUPERVISOR'S SIGNATURE

DIRECTOR OF HUMAN RESOURCES

CHANCELLOR
(IF TRAINING EXCEEDS \$3,000)

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WHAT KNOWLEDGE, SKILL, OR ABILITY WILL BE ACQUIRED FROM THIS PROFESSIONAL DEVELOPMENT AND HOW WILL IT TRANSLATE TO YOUR POSITION(S) AT ILLINOIS EASTERN COMMUNITY COLLEGES?

EMPLOYEE SIGNATURE