LCA Staff Professional Development Request Form

Instructions: Please complete the Employee Action section of this form and route the form to your Chair/Director to sign (if appropriate). Once signed, please send a copy to the Executive Assistant to the Deans to be processed. Upon approval, a letter indicating the amount awarded for professional development along with next steps will be sent.

Section A: Employee Action

Employee's Full Name: _____

Employee's Job Title: _____

☐ Seminar ☐ Workshop ☐ Conference ☐ Other: _____

Title of the activity: _____

Organization name: _____ Location: _____

Date(s) of Attendance: _____ Total Number of Training Hours: _____

Cost: $_____

What specific knowledge or skill(s) will you learn?

How will the acquired knowledge or skill(s) help improve your performance and/or prepare you for more advanced responsibilities?

How will your work be covered while you are away?

Chair/Director Signature: _____ Date: _____

Updated: June 25, 2026

Section B: Appropriate Administrator Action

Review based on appropriateness, cost, scheduling, and quality of training.

☐ Approved **☐ Denied**

If denied, explanation provided below:

Appropriate Administrator Signature: _____ Date: _____

Section C: Dean Action

Review based on appropriateness, cost, scheduling, and quality of training.

☐ Approved **☐ Denied**

If denied, explanation provided below:

Dean Signature: _____ **Date: _____**

Section D: Finance Review

Director of Finance Signature: _____ **Date: _____**