



Professional Development Council Training Authorization Form

Name: _____ Phone: _____ Submission Date: _____

Job Title: _____ Department: _____ Division: _____ PCA #: _____

Employee Category: Faculty Administrative Professional Skilled Service Contractual

Name of Sponsoring Organization: _____ Conference Dates: _____

Conference/Workshop Title: _____

Please select all that apply: In-State Out-Of-State Out-Of-Country (DBM approval required)

Leadership/Management License/Certification Accreditation Prof. Develop. Other

Have you attended other conferences this fiscal year? Yes No

If yes, how was it funded? (PDC, grant, etc.) _____

NOTE: Incomplete packages will not be processed. Packages must include a *signed authorization (original signatures required)*, an *individual travel budget request form*, a *justification statement* and the *conference registration details*. If this year's conference program is not yet available, last year's program may be attached.

Dept. Head/Immediate Supervisor /Dean/Director

Recommend *Do Not Recommend*

Signature: _____

Reason: _____

Date: _____

Vice President (ONLY required for 3 or more attendees)

Recommend *Do Not Recommend*

Signature: _____

Reason: _____

Date: _____

Professional Development Council

Approved *Denied*

Reason: _____

Signature: _____

Date: _____

President (Required for out-of-country travel only)

Approved *Denied*

Reason: _____

Signature: _____

Date: _____



**Professional Development Council
Training Authorization Form**

Justification Statement

To:

From:

Date:

Re: **PDC Training Authorization-**

Please use the space below to explain how this experience/training will contribute to your professional development and/or benefit your department, students, faculty, staff or the college as a whole.
