



**Professional Development Request Form
AGS - LED**

Contact Information	Name of Employee: Job Title: Department:
Conference/Workshop Info	Name of conference/workshop: Name of organization: Dates of conference/workshop/travel: Departure: Return:
Amount of Estimated Costs	Hotel: Mileage: Food: Air travel: Total:
Professional Practice & Employee Learning Goal	<i>Brief narrative how this professional development opportunity supports your learning goal:</i>

Signature of Employee	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Signature of Supervisor	Date: