



HR.01.16.FRM PROFESSIONAL DEVELOPMENT REQUEST FORM

Instructions: This form is to be completed prior to registration for the Professional Development event for which you are requesting reimbursement. Please submit completed application along with a copy of the program description to HR@vsolvit.com. Please refer to the Professional Development Policy for additional information, terms, and conditions.

EMPLOYEE INFORMATION

Name: Date:

Title: Dept:

Supervisor:

PROFESSIONAL DEVELOPMENT EVENT INFORMATION

Type: ☐ Training/Seminar/Conference ☐ Certification ☐ Tuition ☐ Membership
☐ Internal Training

Program:

Location: Dates:

Estimated Cost:	Registration:	<input type="text"/>	Other:	<input type="text"/>	<input type="text"/>
	Materials:	<input type="text"/>	Other:	<input type="text"/>	<input type="text"/>
	Travel:	<input type="text"/>	Other:	<input type="text"/>	<input type="text"/>
	Total Cost:	<input type="text"/>			

Explain why this event is related to your job. How will it benefit you and VSolvit?

Employee Signature: Date:

Supervisor Approval: Date:

**Digital, Written, or Typed Signatures acceptable*

Employee: Send completed form to your supervisor

Supervisor: If you approve, sign and forward the form to hr@vsolvit.com

To be completed by Human Resources

Eligible: Yes No Supervisor & Executive Approval: Yes No Contract Required Yes No

Job-Related: Yes No

Within Limit: Yes No

HR Signature. Do not process reimbursement without signature.