



### Professional Development Training Request

*\*This form is not applicable for recruiting, instruction, or meetings (see Travel Policy) and must be completed prior to submitting a TA.*

Staff Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Department: \_\_\_\_\_

Training Dates: \_\_\_\_\_

Name of Training/Course: \_\_\_\_\_

Grant Funded: ☒ Yes ☐ No

Waiver Requested: ☒ Yes ☐ No

Personal Contribution: ☐ Yes ☒ No

If yes to waiver, provide justification: \_\_\_\_\_  
\_\_\_\_\_

Describe how this professional development opportunity will improve your job role:

Describe how the professional development/training will directly impact student learning and success through new or improved program delivery, institutional improvement, student technology, instructional design, cultural training, etc.:

**EMPLOYEE:** It is agreed that if the employee separates from employment within the amount of time itemized below, the employee will reimburse Ilisaġvik College for the training expenses in accordance with the following schedule:

100% if separation occurs before completing 6 months

50% if separation occurs after 6 months and before 12 months

If the contract or employment is involuntarily terminated, the fees may be waived. Grant required travel is excluded. If miles are used to purchase airfare, the rate will be at \$0.03 per mile.

**FACULTY:** There is a January 31st deadline for professional development by faculty. Any professional development after this date is subject to payback if the contract for next fiscal year is not renewed by faculty member.

By signing below, this constitutes an agreement between Ilisaġvik College and the employee/faculty member.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Initials: Waived \_\_\_\_\_ Not Waived \_\_\_\_\_

President Signature: \_\_\_\_\_

Date: \_\_\_\_\_

President Initials: Waived \_\_\_\_\_ Not Waived \_\_\_\_\_

#### Estimated Costs

Training Course/Conf./

Tuition/Fees: \_\_\_\_\_

Airfare: \_\_\_\_\_

Hotel: \_\_\_\_\_

Car: \_\_\_\_\_

Per Diem: \_\_\_\_\_

Other: \_\_\_\_\_

Total: \$ 0.00

Print Form

Send to Travel Coordinator

Upon signature completion, click "Print" for a physical copy or "Send to Travel Coordinator" to digitally submit.

*Attach registration materials, agendas, and other supporting documents to help support training/conference participation.*

Rev. 10/19