Unit Member Last Name:       First Name:       Banner ID:

Job Title:       Immediate Manager:

Workshop Title:       CPDC Certification #:

Workshop Date:       Workshop Location:

Workshop Start Time:       End Time:       Number of Hours:

Requested By: [ ]  Unit Member [ ]  Immediate Manager [ ]  District

Briefly explain how attending this workshop will improve your skills in your current job classification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Member Signature Date Submitted

Request Is: [ ]  Approved [ ]  Denied (provide reason below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Manager’s Signature Date Responded

*\*Per Article 20.03.1 in the Agreement between CSEA 262 and the District: If the request is denied, the immediate manager shall provide a written reason on the Professional Growth Workshop Form. Such reasons must be related to the operation of the unit in which the unit member serves or is not related to the unit member’s job classification.*

Attach information for this workshop that will assist with the determination of job relatedness (i.e., workshop/seminar description or POD description).

**Return completed form to Human Resources, Building 4, Room 1460 to be filed in the unit member’s personnel file.**