

COMMUNITY COLLEGE SYSTEM of NEW HAMPSHIRE

26 College Drive, Concord, NH 03301

REQUEST FOR PROFESSIONAL DEVELOPMENT

EMPLOYEE INFORMATION

(All employee information is required. Any spaces left blank will result in a delay in processing your request)
THIS REQUEST SHOULD BE SUBMITTED AT LEAST THREE WEEKS PRIOR TO REQUESTED ACTIVITY.

NAME: _____	COLLEGE: _____
HOME ADDRESS _____	DAY PHONE: _____
CITY _____ STATE _____ ZIP _____	EVENING PHONE: _____
JOB TITLE: _____ DEPARTMENT: _____	TEACHING DISCIPLINE: _____
EMPLOYMENT STATUS: <input type="radio"/> FULL TIME <input type="radio"/> PART TIME	DATE OF HIRE: _____
<input type="radio"/> No Work Time is involved in this requested activity.	
<input type="radio"/> State Work is involved in this requested activity and has been approved by the employee's supervisor.	
EMPLOYEE SIGNATURE: _____	DATE: _____

PROFESSIONAL DEVELOPMENT ACTIVITY INFORMATION

TITLE OF ACTIVITY: _____
LOCATION: _____ <i>(Authorization for Travel form must accompany this request.)</i>
DATES OF ACTIVITY: BEGINNING: _____ ENDING: _____
COSTS OF ACTIVITY: \$ _____ Registration Fee
<i>(Attach documentation.)</i> \$ _____ Out-of-State Travel Expenses
\$ _____ In-State Travel Expenses
INDIVIDUAL PROGRAM INFORMATION: Provide a brief explanation of reason for participating in this activity and how it relates to present work responsibilities: _____ _____

CERTIFICATE OF TRAVEL

I CERTIFY THAT IT IS MORE EFFICIENT FOR THE EMPLOYEE'S TRAVEL TO PROCEED FROM: (check one)	
<input type="checkbox"/> PLACE OF RESIDENCE	<input type="checkbox"/> COLLEGE/SYSTEM OFFICE
THE EMPLOYEE IS AUTHORIZED TO USE HIS OR HER PERSONAL VEHICLE.	
<input type="radio"/> YES <input type="radio"/> NO	
Supervisor's Signature _____	Date _____
* Whenever possible, CCSNH owned vehicles should be utilized for authorized business travel.	

FUNDING REQUEST

Source of Funds: CCSNH/College GRANT PROGRAM OTHER: (Specify) _____

IF GRANT-FUNDED, SPECIFY GRANT PROGRAM: PERKINS OTHER : _____

If requesting the use of Perkins Grant Funds, the Perkins Manager must complete the Carl Perkins Grant Authorization section below.

INSTITUTION APPROVALS

<input type="radio"/> APPROVED <input type="radio"/> DENIED	<input type="radio"/> APPROVED <input type="radio"/> DENIED
Explanation: _____ _____ _____	Explanation: _____ _____ _____
_____ Signature-Supervisor Date	_____ Signature-CCSNH/College Appointing Authority or Designee Date

CARL PERKINS GRANT AUTHORIZATION

CARL PERKINS FUNDING

COMPLETE THE FOLLOWING: (Completed by CP Project Manager Only)

Program Improvement Funding: Please describe how the proposed staff development activity will improve career and