

Professional Development Application

Please complete this description of your proposed professional development activity and attach supporting documentation, information or receipts.

Applicant name:		Job Title:		Application date:	
Seminar	College/University Course	Workshop	Conference	Webinar	Other (describe)
PD Title:		Provider:		Location: (n/a if virtual/online)	
Start Time (HH:MM)	Start Date	End Time (HH:MM)	End Date	Signature:	
Expected benefits for you and Carlton Trail College and/or additional comments:					

1. Prepaid Expenses	Cost (estimate if actual is not known)	Who will register you?	Who will arrange payment?
Registration fee	\$		
Accommodation ____ nights	\$		
Airfare	\$		
Car Rental	\$		
Total Prepaid Expenses	\$		

2. Event Expenses Expenses submitted after event *please note 'PD' on expense form.	Estimated Cost
Mileage or Taxi	\$
Breakfast	\$
Lunch	\$
Dinner	\$
Miscellaneous	\$
Total event expenses	\$

3. Total—prepaid + event	
1. Prepaid total:	\$
2. Event total:	\$
Grand total:	\$

Approval	Supervisor	HR Director
Name		Bailey Williams
Signature		
Date		
Recommend?		
Comments		

