



Professional Development

Professional Development Activity Report

***** Approval should be obtained prior to attending activities*****

Employee Name _____

Datatel ID Number _____

Department _____

Supervisor Name _____

Name of Activity _____

Date of Activity _____ Number of Clock Hours _____

I approve of the above activity as professional development for this employee. Yes No

Supervisor Signature _____ Date _____
(Return to employee)

Completion

_____ The employee completed this activity

_____ The employee did not complete this activity on or before the end of July of this academic year.

Supervisor Signature _____ Date _____

The employee should retain a copy of this completed form before submitting to supervisor after completion

Employee Signature _____ Date _____
