



Professional Development

Professional Development Report

Employee Name _____ Telephone _____

Employee Datatel ID _____

Supervisor's Name _____ Telephone _____

List below the professional development activities completed and submit report to supervisor.
The deadline for activity completion is **August 31**. The use of this form is optional.

Name of Activity	Date	PD Hours Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Professional Development Hours _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____