



Professional Development Activity Report

Employee Name _____

Datatel ID Number _____

Department _____

Supervisor Name _____

Name of Activity _____

Date of Activity _____ Number of Clock Hours _____

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

I approve of the above activity as professional development for this employee.

Supervisor Signature _____ Date _____

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.

Employee Signature _____ Date _____