

# 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**

<p align="center"><input type="radio"/> APPROVED    <input type="radio"/> DENIED</p> <p>Explanation: _____          _____          _____</p> <p>_____          Signature-Supervisor                      Date</p>	<p align="center"><input type="radio"/> APPROVED    <input type="radio"/> DENIED</p> <p>Explanation: _____          _____          _____</p> <p>_____          Signature-CCSNH/College Appointing Authority or Designee                      Date</p>
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**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 technical programs. Check all staff development characteristics below that apply and provide additional comments:**

- in use of state of the art technologies, e.g., distance learning
- in state of the art vocational and technical education programs
- in techniques in effective teaching skills based on research
- in effective practices to improve parental and community involvement
- in staying current with all aspects of the industry
- internship program that provides business experiences to educators
- in the use and application of specific technologies (described below)

Comments: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature – Perkins Project Manager                      Date

- |   |
|---|
| <ul style="list-style-type: none"> <li>Original to Business Office</li> <li>Copy to employee</li> <li>Copy to HR Office or Staff Dev Committee</li> </ul> |
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