

**Professional Development Application
Haskayne School of Business**

Applicant's Name:	
Position Title:	
Name of Activity & Location:	
Type of Activity:	Credit course Non-credit course Workshop Conference Other _____
Date(s):	
Will you be absent from work?	If yes, please indicate the dates of the absence: _____

Budget		
	Cost (in currency of origin if not CDN)	\$ CDN Equivalent
Travel (airfare, mileage, etc.)		
Registration fees		
Tuition		
Accommodation		
Meal Allowance:		
Other:		
Total Funds Requested		

Haskayne Strategic Plan Priority(s):	
<p>Employee Section: Please use this section to describe how this opportunity is related to your position and will contribute to the advancement of the Strategic Plan priority (or priorities) noted above. Please describe the anticipated benefit to the Haskayne School of Business and how you intend to apply the learning outcomes.</p>	

Manager Section:

Please use this section to describe how this opportunity is related to your team’s goals and objectives in alignment with the Haskayne Strategic Plan priority or priorities noted above. Please describe the anticipated benefit to the Haskayne School of Business. If the opportunity requires the employee to be absent from work for more than a day, please confirm there is adequate coverage on your team during their absence.

I, _____, acknowledge that, if approved, I cannot claim time for travel and / or professional development courses and events that occur outside of regular working hours.

Employee

Date (yyyy-mm-dd)

Approvals

Manager

Date (yyyy-mm-dd)

Director (if applicable)

Date (yyyy-mm-dd)

Professional Development Committee Member

Date (yyyy-mm-dd)

Accounting String for Approved Expenses (to be provided by Committee):

Fund	Dept	Project #	Activity Code	GL Account