

**EMPLOYEE SKILLS DEVELOPMENT APPLICATION**

**Section A: Information**

Name (Print) \_\_\_\_\_ Request Date \_\_\_\_\_

Date of Hire \_\_\_\_\_ Supervisor \_\_\_\_\_

Years of Service to the College \_\_\_\_\_ *(eligibility requires that upon conversion to full-time status a contractual employee must have a minimum of 12 months of contractual service)*

Did you receive a successful performance appraisal within the last 12 months?  Yes  No

Current Job Title \_\_\_\_\_

Anticipated Job Title upon Training \_\_\_\_\_ Number of training hours \_\_\_\_\_

**Check one:**

Seminar  College Course  Workshop  Conference  Other: \_\_\_\_\_

Will the training result in a certification?  Yes  No

Title of Certification \_\_\_\_\_ or  N/A

Title of Training: \_\_\_\_\_

Training School or Organization:  
\_\_\_\_\_

Dates of Attendance: from \_\_\_\_\_ to \_\_\_\_\_

Location of Training: \_\_\_\_\_

Cost of Training: \_\_\_\_\_

Is a pre-requisite course needed, if so what is the course title? \_\_\_\_\_

What specific knowledge or skill will you learn?  
\_\_\_\_\_

How will the acquired knowledge or skill help improve your performance and/or prepare you for more advanced responsibilities?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the acquired knowledge or skill help you better serve the college?

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Have you received the St. Mary's College of Maryland Employee Skills Development Plan?  Yes  No

Do you understand and agree that if you leave the college within one (1) year of training completion date you will be required to repay the cost of your training?  Yes  No

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Attach description of training with completed registration form and forward to your supervisor for approval process to commence.*

### Section B: Approvals

***Review and approve based on employee performance ranking, availability of funds, relevancy, and if the achievement of these skills will address outstanding college and/or department needs.***

Human Resources Director: \_\_\_\_\_ Date: \_\_\_\_\_

Department Manager: \_\_\_\_\_ Date: \_\_\_\_\_

### Section C: Registration and payment

Process payment, check method of payment.

Check # \_\_\_\_\_  Purchase Order # \_\_\_\_\_  Credit Card \_\_\_\_\_

**Completed by (Accounting)** \_\_\_\_\_ **Date** \_\_\_\_\_

***Return Training Request Form to HR. HR will coordinate with the employee to complete registration.***

**Training Evaluation Form Issued** \_\_\_ / \_\_\_ / \_\_\_ **Returned**  **Recorded in HRIS**