

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?

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**