

**EASTERN WEST VIRGINIA COMMUNITY & TECHNICAL COLLEGE  
REGULATION No. – AR- 5.8**

**Title: Staff Professional Development**

**Effective Date: 9/28/06; 10/8/19**

**General Summary Statement of Administrative Regulation purpose.** This regulation applies to all benefits eligible employees, including classified, non-classified, and faculty of Eastern West Virginia Community & Technical College. This regulation describes the process for staff and faculty that seek professional development as provided in Eastern's policy BP-5.4, Staff Development. College forms covered by this regulation include Employee Waiver Application, Recommendation to the President, Travel Request, and Travel Reimbursement. Usage provisions are required to insure equity among employees, and fiscal implications.

**Procedure:**

**Training, Conferences, Seminars, and Other Staff Development**

1. Applicants are encouraged to attend these types of professional development that pertain to their employment with the college.
2. Staff must complete the Professional Development and Training Request form for approval.
3. Staff must complete a travel request form and submit the form to their immediate supervisor for approval. The President or his/her designee has final approval of any travel requests.
4. Staff should not make any travel arrangement until the travel request form is approved by the President or his/her designee. Once approved, travel arrangements should be made.
5. To request reimbursement for travel expenses incurred during staff development training a travel reimbursement form must be completed and approved by the employees' supervisor.
6. Please see Eastern's Travel Regulation AR-7.12 for travel and travel reimbursement issues.
7. After completion of the requested professional development, employee must complete the Evidence of Completion for Professional Development form, which also requires a supervisor's signature. All relevant professional development documentation will be retained in the employee's personnel file.

*Charles Terrell*

**Dr. Charles Terrell, President**

*11-06-2019*

**Date**

**Professional Development and Training Request Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Department: \_\_\_\_\_

Describe training or professional development you would like to participate in (e.g. management, communication, leadership, conflict resolution, computer training, conference, etc.):

\_\_\_\_\_  
\_\_\_\_\_

List the desired skills and outcomes to be acquired through this training: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this training for you or your department? If for your department, approximately how many participants will there be and what positions do they hold?

\_\_\_\_\_  
\_\_\_\_\_

Is this training online or in-person training? \_\_\_\_\_

Date(s) and time (s) of training? \_\_\_\_\_

Location \_\_\_\_\_

Supervisor: \_\_\_\_\_ HR Representative: \_\_\_\_\_



**EASTERN**  
West Virginia Community & Technical College

**EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT**

This is to certify that the undersigned has completed the professional development activity described herein and that the provider is approved by Eastern WV Community & Technical College at the time of the completion. This form serves as evidence to verify participation in this professional development activity and must be maintained in the employee's personnel file in the Human Resource Office. Please make sure to submit along with this form any certification or documentation as evidence of completion.

Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Training Date (s): \_\_\_\_\_

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

Title of Activity/Training: \_\_\_\_\_

Name of Approved Provider/Host/Sponsor: \_\_\_\_\_

Number of Professional Development Hours Awarded: \_\_\_\_\_

Please indicate the delivery type of your training:

- Web-Based
- Classroom/Lecture
- Reading Materials
- Hands-On Training
- Workshop Off Campus
- Conference Off Campus
- Internal On Campus training

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Representative

\_\_\_\_\_  
Date