UW-Parkside Professional Development Plan

For Tuition Reimbursement Consideration

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| --- | --- |
| Name: | Estimated Course/Degree/Certification Completion Date: |
| Department: | Current Working Title: |
| Name of Degree/Certificate/Training requested:  Name of Training Institution : | |

Please note:

Employees must read and adhere to UWP Policy 42, Educational Assistance for Faculty and Staff (Tuition Reimbursement Policy) <https://www.uwp.edu/explore/offices/governance/policy42.cfm>

**Professional Development Plan**

1. In the space below provide a description of how the proposed course of study relates to the employee’s current job assignment or position responsibilities and meets the needs of the department
2. Provide a description of how the proposed course-provided knowledge/techniques improve the employee’s performance and contribution to the institution.

In the space below, list the course title, dates of attendance, number of credits and course description.

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| --- | --- | --- |
| Course Title | Dates of Attendance | Number of Credits |
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| Course Description | | |
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| Course Description | | |
| Course Title | Dates of Attendance | Number of Credits |
|  |  |  |
| Course Description | | |

I understand the professional development plan and funding for tuition reimbursement is part of UW-Parkside’s operating budget and the amount available is limited.

Employee Signature Date

Supervisor Signature Date

Business Services or Budget Signature Date

Hiring Authority Signature Date

Human Resources Director Signature Date