

**ADJUNCT PROFESSIONAL DEVELOPMENT**

Employee Name: \_\_\_\_\_

HANK ID #: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Select Activity:

- On Campus Professional Development
- Conference Registration (Proof of Attendance Required)

Purchase of Books/Periodicals (Receipt Required)

Description of Professional Development Activity:

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

Relevance to Employee's discipline and to the goal of the College:

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

Date of Professional Development Activity: \_\_\_\_\_

Approval: \_\_\_\_\_  
Associate Dean/ Director Date

\_\_\_\_\_  
Director of Human Resources Date

For HR/Payroll Use Only:

GL account to be charged:	11-00-000-5407-218615
Amount paid:	
Date paid:	

xc: Associate Dean  
Employee  
Human Resources  
Payroll