Professional Development Post Conference/Training Form

Please complete and submit within <u>two weeks</u> of attending the conference or training. (Attach additional pages as needed.)	
Name:	Employee No:
Department:	Supervisor:
Title of Conference/Training:	
Date(s) of Conference/Training:	
Conference/Training Location:	
List the conference/training sessions you attended.	
What will you implement in your department, work processes, etc., to impact your work, service, or customer? Provide examples.	
What did you learn that you feel is important to share with your department and the division?	

Employee Signature:

Supervisor Signature:

Sr. Admin Signature:

Received by The Office of the CIO:

Date of presentation (if applicable):

07/19/24 v2