

CHAMPLAIN REGIONAL COLLEGE
PROFESSIONAL DEVELOPMENT FOR MANAGEMENT STAFF
GROUP TRAINING APPLICATION / REPLY FORM

PD Requested on (date): _____

Location of participants [] College Administration [] College - Wide
[] Lennoxville [] St. Lambert [] St. Lawrence

Name of Group Representative _____

Signature of Group Representative _____

Relevant Authorizations Director - Lennoxville _____

Director - St. Lambert _____

Director - St. Lawrence _____

Director General - College Administration _____

Activity: _____ Day _____ Time _____

Dates: _____ Schedule: _____

Title of PD Activity: _____

Description: _____

TRAINER'S INFORMATION

Name _____ Telephone (W) _____

Address _____ Telephone (C) _____

_____ E-mail: _____

_____ S.I.N.: _____

TRAINING EXPENSES

Activity Fee: _____ Materials: _____ Total: _____

REPLY

The professional development committee: DATE: _____

[] has accepted your request for an amount of _____ [][][][] [][][] [][][][]

Budget Code

[] has denied / deferred your request for the following reason

Maxime Filion, Director, Human Resources

J. Kenneth Robertson, Director General

Please forward to College Administration / Human Resources Office with supporting documents 10 working days prior to the training activity.

**CHAMPLAIN REGIONAL COLLEGE
PROFESSIONAL DEVELOPMENT FOR MANAGEMENT STAFF
GROUP TRAINING PARTICIPANTS**

(List of confirmed participants)

	<u>NAME</u>	<u>JOB TITLE</u>	<u>SIGNATURE</u>
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