



Professional Development Request Form

Employee Information

Name:	
Position/Title:	
Department:	
Date of Request:	

Professional Development Opportunity

Program/Training/Certification Title:	
Provider/Institution:	
Dates:	
Location (if applicable):	
Format (Online / In-Person / Hybrid):	

Purpose & Benefit

Briefly describe how this training/certification supports your role and Invictus' mission:

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Estimated Costs

Total Estimated Cost:	\$
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Employee Signature: _____ Date: _____

Manager Review & Approval

Approved: Yes No

Comments: _____

Manager Signature: _____ Date: _____