

CITY OF TRAVERSE CITY PROFESSIONAL DEVELOPMENT REQUEST

WHO SHOULD COMPLETE THIS FORM?

Anyone who is attending a conference/workshop/seminar/or other training activity that is not conducted by the City of Traverse City. Please attach supporting documentation.

HOW FAR IN ADVANCE?

As early as possible, no later than 3 weeks in advance to your Department Head. For Department heads, please submit to the City Manager.

Employee Name: _____ Department: _____

Nature of Meeting: _____

Is this A National Event? ___ Yes ___ No If Yes, Did you attend a National Event Last Year? ___ Yes ___ No

Sponsored By: _____ Location: _____

Dates and Days of Week: _____

What benefit will you and the City receive from your attendance at this meeting? _____

What is the Total Estimated Cost of the Workshop?

Registration \$ _____

Transportation \$ _____

Lodging \$ _____

Food \$ _____

Mileage \$ _____

Other \$ _____

Total Estimated Cost: \$ _____

Was this event budgeted? ___ Yes ___ No

Signatures:

Employee

Department Head

City Manager

Date

Date

Date