Support/Excluded Staff Annual Training Plan
Professional Development Plan (Please complete a Training Plan for each individual employee)

Date	Employee Name	Position & Department
Fiscal Year	Supervisor (Print Name and Signature)	Dean/Director Name

General description of training and expected outcome (i.e., how will employee and LC benefit)	Preferred Delivery Option	Priority Level	Cost (estimated or actual cost/s to be entered)	Legend
				Delivery Options (please choose only one) 1. Credit Course (LC) 2. Credit Course (Other) 3. Offsite Exchange 4. Workshop/Conference 5. Computer Training 6. Certification
				Priority Level (please choose only one) 1. Basic Job Requirement 2. Scheduled Change in Nature of Job or Area of Expertise (defined date within the current fiscal year) 3. Career Development (Generally falls within scope of responsibility) i.e. Credit/Distance course 4. Skill Enhancement / Transferable Skills (Generally falls outside of job responsibilities)

The Annual Training Plan does not guarantee funding will be provided, however it is necessary for planning purposes. Annual Training Plans assist the Professional Development Committee to forecast accurate expenditures. Applications for training must be submitted for final consideration and approval.