



Staff Development Program (SDP) Off-Plan Activity Approval Form (2017-18)

Participant Name:		Category:	Professional	Service	Personal	Core
		(choose one)				

Name of Proposed Activity:	
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Proposed Date(s) of Activity:		Estimated length of activity in quarter hours (ex. 1.25):	
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Coordinator Name:	
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Coordinator Contact:	Email:		Phone:	
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1. What program goal(s) does this activity relate to?

2. Describe the activity in detail and how it relates to your goal(s).

Approved

Denied

Staff Development Program Chair's signature: _____

****If this off-plan activity request is denied you may not complete the above-proposed activity as part of your SDP.**

****If this off-plan activity request is approved, you may complete the above-proposed activity as part of your SDP. A copy of this signed approval must accompany the 'Staff Development Program Activity Form' that is completed for this activity.**