

JEP Learning Opportunity Form

One form required per learning opportunity.

Must be submitted to Staff Development within six months of completing the learning opportunity.

Section A: To Be Completed by Employee

Name: _____ Banner ID/Unique ID: _____
Department and Job Title: _____ Supervisor Name: _____
Learning Opportunity Title: _____
Learning Opportunity Source (example: AMA/Skillport/Universal Class): _____
Completion Date: _____ Contact Time (CEU's/Credit Hours): _____
Appropriate Documentation Attached: (letter of completion, final grades, test score, additional requirements listed on website)

Learning opportunity description:

How will you apply this learning in your role:

How will you use this knowledge to benefit your department:

I certify that I have read and understand the Ethics Statement in the Job Enrichment Program guidelines, and the information presented on this form is complete and accurate.

Employee Signature: _____ Date Submitted to Supervisor: _____

Section B: To Be Completed By Supervisor

Date Received from Employee: _____ Supervisor Initials: _____

1. This employee has a current (less than 365 days), satisfactory performance evaluation: **Yes** **No**
2. I have met with this employee to discuss a professional development plan: **Yes** **No**
3. I realize there is a cost for materials and labor related to this learning opportunity: **Yes** **No**
4. This is an appropriate learning opportunity and use of university funds to support departmental and university goals; therefore, I recommend this course for Job Enrichment Credit: **Yes** **No**

How will the knowledge gained benefit this employee and the department:

Supervisor Signature: _____ Date: _____

Submit form and documentation to 127 Staff Development Center. Submission of this form does not guarantee Job Enrichment credit.