

**CAREER DEVELOPMENT/JOB ENHANCEMENT PROGRAM
ENROLLMENT REQUEST FORM**
(Please submit a separate enrollment request for each course)

From: _____
Employee (PLEASE TYPE OR PRINT)

To: Training & Development
Human Resources Department

Date: _____

Note: Enrollment requests received more than 30 days after the course end date will not be considered unless due to administrative error which occurs after the request has been submitted for approval.

Qualifications:

1. Be a full-time or part-time employee within the Unified Personnel System who has completed one year of service (one year service not required for exempt employees).
2. Employee may be required to complete a career plan interview if career goals are not clearly stated or understood (Career Development only).
3. Course work must be taken on employee's own time.
4. It is recommended that Enrollment Requests be submitted at least ten days prior to start of class to ensure approval before committing funds.

COURSE TITLE _____ Cost _____
(PLEASE ATTACH A COPY OF THE COURSE DESCRIPTION TO THIS FORM)

Name of School: _____ Class/Credit Hours _____

Course Start Date: _____ Course Completion Date _____

Level of Course: Technical ☐ A.A. Degree ☐ Undergraduate ☐ Graduate ☐ Other ☐

☐ Career Development (This program may lead to a formal degree or an attainment of skills in preparation for a competitive job application process)

Major Course of Study _____

Please explain how this course will assist in preparing you for a future position in relation to your career goal with the County.

☐ Job Enhancement (This program limits participants to course work directly related to their current job responsibilities)

Please explain how this course will provide skills or information that can be used on your current job.

Employee Number _____ Job Title _____ Department/Division _____

Permanent Hire Date _____ Employee Signature _____ Work Phone No. _____

NOTE: By signing this I affirm that I (1) am a permanent employee, and (2) will attend this course on my own time

When you submit the REIMBURSEMENT REQUEST through iExpense, you must attach a copy of the grade report or certificate of completion. **ONLY ORIGINAL RECEIPTS** for any costs claimed (tuition, registration, fees and books) will be accepted. Please call 727-464-3796 for more information.

APPROVALS: I confirm that this is a full-time permanent employee and that this course will be attended on his/her own time.

Dept/Division Head _____ Date _____

Director of Human Resources _____ Date _____

SUBMIT TO: Human Resources, Training & Development, 400 S Ft Harrison Ave, Room 430, Clearwater FL 33756.
or scan to pdf after form is completed and signed then email to training@pinellascounty.org