

Name: _____ Department: _____

Work phone: _____ Email: _____

Staff Category: Management Faculty Classified Staff

Lynda.com Training needed for work-related duties (check all that apply):

- Excel
- Dreamweaver (creating or updating websites)
- InDesign (desktop publishing)
- Microsoft Word
- Outlook
- Photoshop
- Other, please specify: _____

Number of months requested:

- 1 month (\$25)
- 2 months (\$50)

My signature below indicates that I plan to utilize Lynda.com for a minimum of 5 hours a month to develop the skills checked above. I understand that I will pay the cost with my own credit card, and then I will be reimbursed upon completion of the training, provided I have met my goals as verified by my supervisor. My goals for this training include:

- 1.) _____
- 2.) _____
- 3.) _____

Employee Signature

Date

I verify that this training and these skills will benefit this program/department, and I authorize this employee to train at their workstation, as workload allows. I will verify the achievement of goals before authorizing a reimbursement of fees on the Payment Request Form.

Supervising Manager/Administrator Signature

Date

Receipt required for reimbursement. Pre-approval required. Funding is limited. Employee and Supervisor will be notified of funding approval.
Staff Development Authorization: <input type="checkbox"/> Approved # of Months: _____ <input type="checkbox"/> Not-approved/Reason: _____ Notification Sent (Date): _____