**Employee Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Flex Day Requests Listed Below as Related to Individual PGP/Individual Improvement Plan/Overall Goals of the Cooperative***

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| **Session Title** | **Date(s)** | **Hours** | **Location** | Costs Including Travel | Approval by Supervisor |
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***Plan for Acquiring Balance of Needed Professional Development Hours (for full time employees on 190 day contract a minimum of 60 hours is required)***

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| **Session Title** | **Date(s)** | **Hours** | **Location** | Costs Including Travel | Approval by Supervisor |
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***Acceptance of hours is not guaranteed until plan has been approved by the employee’s supervisor. Approval is designated by sign off on individual sessions and signature of both employee and supervisor below. Hours completed before approval may not apply to meet professional development requirements. Changes to the plan must be approved in advance by the supervisor.***

**Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**