



Southeastern University Professional Development Training Plan



June 1, 2008 – May 31, 2009

Employee Name _____ Phone ext. _____

Supervisor Name _____ Phone ext. _____

- I understand that I am required to complete the courses and certificates listed on my personalized training report. I must take the courses that are marked with an x in the *Req* column; I have already received credit for those marked with an x in the *Compl* column.
- I understand that I am to **take the courses during my work hours** and **must complete at least 20 hours of training** by or before May 31, 2008. I will complete the remaining courses in subsequent years.
- I understand that I will receive the total credit hours listed for a course even if I test out of the course or take longer than the expected time to complete the course.
- I am listing below the courses I intend to complete between now and **5/31/2008**. (I may complete even more, but I commit to complete at least these courses.)

#	SkillPort Course ID	Course Name <small>(from SEU Professional Development Course Catalog)</small>	Credit Hours
1	ilt_Annual_FERPA	FERPA Course (will be available in January)	1.0
2	lch_01a01_lc_enus or LC00202	Sexual Harassment Awareness – Employees or Sexual Harassment Awareness - Supervisors	1.0 or 2.0
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total (must be at least 20 hours)			

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____