



# HUMAN RESOURCES

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## PROFESSIONAL DEVELOPMENT CLINICS (PDC) APPLICATION

1. Applicant **must be** SCP (Supervisory Certification Program) certified.
2. Request supervisory approval.
3. **Applications should be** interoffice-mailed to SPCC Bldg Government Center 21<sup>st</sup> floor ATTN Delores Neuman, or faxed to **305-375-3063**.
4. **(2) Business days** advance notice is required to cancel a class.
5. Applicants who arrive 15 minutes or later to class will be asked to reschedule the class.

Classes will be held in the Stephen P. Clark Center, Rooms either 18-A or 18-B (18<sup>th</sup> floor)  
There will be a sign near the west elevators on the 18<sup>th</sup> floor assigning room locations.

<p>_____</p> <p>Last Name                      First Name</p> <p>_____</p> <p>e</p> <p>Employee I.D. number</p> <p>_____</p> <p>Department / Division / Locator # (DDL)</p> <p>_____</p> <p>Work Address</p> <p>_____</p> <p>Cellular, Work phone number or E-mail to contact you in case a class is cancelled by HR.</p> <p>_____</p> <p>Current Classification (Employee's Title)</p>	<table border="1"> <thead> <tr> <th colspan="2">COURSES</th> <th>DATE</th> </tr> </thead> <tbody> <tr><td>1. ___</td><td>CMR    Conflict Management Resolution</td><td>_____</td></tr> <tr><td>2. ___</td><td>DOC    Documenting for Results</td><td>_____</td></tr> <tr><td>3. ___</td><td>DPM    Developing Performance Measures</td><td>_____</td></tr> <tr><td>4. ___</td><td>EPA    Employee Performance Appraisal</td><td>_____</td></tr> <tr><td>5. ___</td><td>HET    Highly Effective Teams</td><td>_____</td></tr> <tr><td>6. ___</td><td>LEAD   Leadership</td><td>_____</td></tr> <tr><td>7. ___</td><td>MMW   Making Meetings Work</td><td>_____</td></tr> <tr><td>8. ___</td><td>MODE   Motivation and Delegation</td><td>_____</td></tr> <tr><td>9. ___</td><td>PROB   Creative Problem Solving Strategies</td><td>_____</td></tr> <tr><td>10. ___</td><td>RECG   Employee Recognition</td><td>_____</td></tr> </tbody> </table> <p style="text-align: center;"><b>***All Courses are FREE</b></p> <p>_____</p> <p>Immediate Supervisor's Name</p> <p>(        ) _____</p> <p>Phone Number</p> <p>_____</p> <p><b>*** Please Read – <u>Cancellation and No Show Policy</u></b></p> <ul style="list-style-type: none"> <li>• You must notify this office (2) business days in advance of a scheduled class if you need to cancel or reschedule your reservation.</li> <li>• Your department will be responsible for charges if a proper cancellation is not made. \$ 100 per class.</li> </ul> <p><b>INDEX CODE :</b> _____</p> <p>Application(s) missing the department's index code <b>WILL NOT</b> be processed.</p>	COURSES		DATE	1. ___	CMR    Conflict Management Resolution	_____	2. ___	DOC    Documenting for Results	_____	3. ___	DPM    Developing Performance Measures	_____	4. ___	EPA    Employee Performance Appraisal	_____	5. ___	HET    Highly Effective Teams	_____	6. ___	LEAD   Leadership	_____	7. ___	MMW   Making Meetings Work	_____	8. ___	MODE   Motivation and Delegation	_____	9. ___	PROB   Creative Problem Solving Strategies	_____	10. ___	RECG   Employee Recognition	_____
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Supervisor's or Authorizing Signature

\_\_\_\_\_  
Approval Date