

PROFESSIONAL DEVELOPMENT ACTIVITY FORM
APPENDIX D

NAME: _____
(LAST NAME) (FIRST NAME) (MI)

RANK: _____ ID#: _____

LAW ENFORCEMENT

TELECOMMUNICATIONS

PROFESSIONAL DEVELOPMENT ACTIVITY INFORMATION

DETAILED DESCRIPTION OF ACTIVITY: _____

EVENT LOCATION: _____

EVENT ORGANIZATION: _____

EVENT CONTACTS: _____

TOTAL HOURS: _____

ON DUTY

OFF DUTY

COURSE STARTING DATE & TIME: _____ COURSE ENDING DATE & TIME: _____

CATEGORY OF ACHIEVEMENT: _____

CREDIT AMOUNT: _____

**Back-Up documentation confirming participation in any activity must be attached in order to receive credit.*

SUBMITTED DATE: _____

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR SIGNATURE

DATE

TRAINING SIGNATURE

DATE



