



## BOISE STATE UNIVERSITY

### Development Release Time Request Form

#### EMPLOYEE INFORMATION

**Participant Name:**

**Title:**

**Email:**

**Department:**

**ID#:**

**Supervisor Name:**

**Please list 2 or 3 of your professional development goals for this year?**

**What skills or competency training are you looking to learn or use?**

**What is your proposed schedule?**

*By signing this, I agree that I am committing to hold myself accountable and work with my supervisor for these development opportunities.*

**Employee Signature:**

**Date:**

**Supervisor Signature:**

**Date:**