

# Staff Development Request Assessment — Appendix 319A

This assessment is intended to determine the benefit to the position (employer) and to the staff person (employee) as well as the amount of financial assistance given for the development opportunity.

## EMPLOYEE INFORMATION

**Name:** \_\_\_\_\_  
**Position:** \_\_\_\_\_  FT  PT  
**Office/Parish:** \_\_\_\_\_ **Employment Start Date:** \_\_\_\_\_

## DEVELOPMENT/EDUCATION INFORMATION

### Conference/Convention/Workshop

**Title:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Dates: Start:** \_\_\_\_\_ **End:** \_\_\_\_\_  
**Registration Fees:** \_\_\_\_\_  
**Travel Description:** \_\_\_\_\_ **Cost:** \_\_\_\_\_  
**Accommodation Description:** \_\_\_\_\_ **Cost:** \_\_\_\_\_  
**Other Expenses Description:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

### Academic Development

**Course Name:** \_\_\_\_\_  
**Field of Study (if applicable):** \_\_\_\_\_  
**Education/Training Provider:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Date(s):** \_\_\_\_\_ **Away from Work?**  Yes  No  
**Tuition Fees:** \_\_\_\_\_ **Includes:**  Lodging  Books  Supplies  Meals  Other  
**Other Expenses:** \_\_\_\_\_  Lodging  Books  Supplies  Meals  Travel  Other  
**Other Expenses Description:** \_\_\_\_\_

Please give your reason(s) for the request and describe how this will benefit you in your current employment.  
Please attach supporting material.

---

---

---

---

---

---

---

---

---

---

---

---

**General Considerations**

- 1) Is the knowledge or skill relevant and necessary to the current position now or in the near future?
- 2) Will the employee have the opportunity to apply the knowledge or skill on a frequent or regular basis?
- 3) How long has the employee worked for the Archdiocese?
- 4) Is there sufficient funds available to satisfy this request?
- 5) Is the staff development opportunity offered during regular work hours?
- 6) Has the employee received financial assistance for other development opportunities?

**Human Resource Requirements**

- 1) Does the development request meet an organizational need?
- 2) How soon will the benefit of the development be realized?
- 3) If an extended education leave, will there be a suitable position for the employee upon his/her return?

Degree:            Low                    Medium                    High

**Contribution to the Organization by the Employee**

- 1) How well has the employee performed over the past 2-5 years?
- 2) Has the employee demonstrated adaptability and personal initiative in developing their skills according to the needs of the organization in the past 2-5 years?
- 3) Has the employee achieved major accomplishments that have had a positive impact on the organization in the past 2-5 years?

Degree:            Low                    Medium                    High

**Relevance of the Request**

- 1) Is the development program the most related and most economical option?
- 2) Is there a concrete and practical connection between the development request, the needs of the organization and the needs of the employee for development and career?

Degree:            Low                    Medium                    High

Employer                    Employee

Amount paid for development cost (tuition/course/conference cost)                    \_\_\_\_\_

Amount paid for related cost (travel, accommodation, meals)                    \_\_\_\_\_

- Leave with pay             Leave without pay             Not applicable
- Approved                     Declined

**Pastor / Department Head / Chancellor**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parish/Office \_\_\_\_\_

