TSD WORK STUDY CAREER DEVELOPMENT PLAN			CAREER DEVELOPMENT PLAN:	
Training Services Division, Office of Human Resources			New Amen	
A FULLY COMPLETED AND SIGNED original form and any ADDITIONAL DOCUMENTATION REQUIRED must be included with your Work Study Program application packet.				
EMPLOYEE INFORMATION				
EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL):			WORKDAY #:	ST CONTACT TSD BY
CURRENT POSITION TITLE:			PHONE TO PRO	
ADMINISTRATION NAME AND MAILING ADDRESS (Spell Out - No Acronym):			PHONE #:	
			ADMIN CODE:	
			PCA CODE:	
			AOBJ:	
			COUNTY:	
EDUCATIONAL/PROFESSIONAL GOALS				
PLEASE EXPLAIN EDUCATIONAL OR PROFESSIONAL DEVELOPMENT GOALS HOW WILL THIS EDUCATIONAL PROGRAM WILL HELP YOU IMPROVE YOUR KNOWLEDGE AND SKILL SET FOR YOUR CURRENT POSITION OR YOUR PROFESSIONAL DEVELOPMENT:				
MAJOR OR CONCENTRATION (SPELL - No Acronym):				
		CAREER GOALS: Short-Term Long-Term		
PROGRAM TYPE:		COURSEWORK START DATE:		
Degree Certificate Internship		ESTIMATED GRADUATION DATE:		
PLEASE CHECK ALL THAT APPLY: You must provide all documents that are required for the Degree, Internship, or Certificate Program you have been accepted into.				
Signed Acceptance Letter into Degree/Certificate/Internship Program from Institute or Provider				
Program description including list of courses or work required to earn the degree or certificate specified. This includes detailed information regarding all courses required to complete this field of study to earn the specified degree or certificate and is not related to a semester.				
EMPLOYEE OFFICE APPROVALS				
PRINT APPOINTING AUTHORITY NAME & TITLE	g Authority Signat	ure l	Date	
PRINT SUPERVISOR NAME & TITLE	Supervisor Signature			Date
PRINT EMPLOYEE NAME	Employee Signature			Date
++++++++++++++++++++++++++++++++++++++				
APPROVER/TRAINING SERVICES DIVISION:		DATE:		
SIGNATURE:			201 W. Preston Street, Room 106 Baltimore, Maryland 21201	

