TSD	WORK STUDY CAREER DEVELOPMENT PLAN Training Services Division, Office of Human Resources	☐ New OR ☐ Amended

A FULLY COMPLETED AND SIGNED original form and any ADDITIONAL DOCUMENTATION REQUIRED must be included with your Work Study Program application packet.

SUBMIT THIS DOCUMENT ONLY ONCE UNLESS YOUR CAREER PATH CHANGES

EMPLOYEE INFORMATION

EMPLOYEE NAME (LAST, FIRST, MIDDLE INITIAL):	WORKDAY #: SS #: YOU MUST CONTACT TSD BY PHONE TO PROVIDE YOUR SS # ONCE YOU RECEIVE YOUR APPROVAL
CURRENT POSITION TITLE:	
ADMINISTRATION NAME AND MAILING ADDRESS (Spell Out - No Acronym): COUNTY NAME:	PHONE #: AGENCY CODE: PCA CODE: AOBJ:

EDUCATIONAL/PROFESSIONAL GOALS

PLEASE EXPLAIN HOW 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: ☐ Degree ☐ Certificate ☐ Internship	COURSEWORK START DATE: 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 - (Please sign in blue ink)

PRINT APPOINTING AUTHORITY NAME & TITLE	Appointing Authority Signature	Date
PRINT SUPERVISOR NAME & TITLE	Supervisor Signature	Date
PRINT EMPLOYEE NAME	Employee Signature	Date

++++++++++++++++++++++++++ TSD ONLY ++++++++++++++++++++++++++++++

REVIEWER/TRAINING SERVICES DIVISION:	**DATE:**	
SIGNATURE:	**201 W. Preston Street, Room 106 Baltimore, Maryland 21201**	**Phone Number 410-767-1605**