

# **STAFF DEVELOPMENT POLICY**

## **PURPOSE**

The purpose of this Policy is to support continuous learning by University employees through providing a funding source for participation in work-related or university-sponsored development and training. Such opportunities include professional development classes, workshops, and seminars where funding for such programs is not otherwise included in departmental operating budgets.

## **ELIGIBILITY**

All full-time and part-time staff and administration employees of Webster University U.S. campuses who have completed at least one year of employment with the University are eligible to participate. Temporary and student employees are not eligible for programs offered under this Policy.

## **POLICY**

Webster University is committed to the ongoing development of its employees and to providing an environment and resources to allow employees to develop and grow within the organization. Funds will be made available on an annual basis, subject to budgetary approval, to support employee development and training opportunities that are not otherwise included in departmental operating budgets. These funds may be used to cover program enrollment fees, transportation, parking, meals, and lodging during the program. Funds may also be used to sponsor on-site seminars and workshops at the University. Funds are available on a first come first served basis and employees are only eligible to receive funds once per calendar year for off-site programs. Individual awards are limited to a maximum of \$2,000.

The ultimate responsibility for personal development rests with each individual employee. Supervisors are responsible to provide support and opportunities for employee development and to discuss employee development goals as part of on-going performance assessment.

The University provides time off from regular duties for program participation. An employee must receive approval from his or her supervisor and department head before being granted release time for program attendance. Employees should not be required to make up time missed due to program participation and the time off shall not be charged to leave time. In granting release time, the supervisor must consider the department needs and the employee's development needs for each request submitted.

A Staff Development Committee comprised of 5 appointed staff members and the Director of Human Resources or her designee will be responsible for review and approval of all requests for funds under this policy. The WSA Compensation Committee chair will serve as chair of this committee.

Classes for college credit or as part of a degree program are covered under the Tuition Remission Policy rather than under this Policy.

## **PROCEDURE**

Employees who wish to participate in development opportunities under this program must submit a completed *Request for Staff Development Funds* form, attach a copy of the program brochure, and submit it to the Chair of the Staff Development Committee at least one month prior to the date of the program. The employee's supervisor and department head must approve program participation by signing the form, before it is submitted to the Committee.

The Staff Development Committee will review and consider all requests for funds under this Policy. The Committee will notify each employee who has requested funds regarding the approval or non-approval of the request.

For all approved requests, the Committee will authorize payment of funds from a special Staff Development Account and approve a check request. Participants are responsible to see that the check request is processed and that any program enrollment materials are submitted.

Upon completion of the development program, participants must submit to the Committee a Program Evaluation form which gives a brief assessment of the overall effectiveness of the program.

## **ADMINISTRATION**

This Policy is administered by the Webster Staff Alliance and the Human Resources Department.

DATE: \_\_\_\_\_

# REQUEST FOR STAFF DEVELOPMENT FUNDS

(Please print legibly)

Name: \_\_\_\_\_ CARS ID No. \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Location: \_\_\_\_\_ Department: \_\_\_\_\_

**PROGRAM TITLE:** \_\_\_\_\_

**PROGRAM DATE(S)/LOCATION:** \_\_\_\_\_

How will this program benefit you and your department or the University? (Attach copy of program brochure.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### COSTS:

Registration Fee	\$ _____
Travel	\$ _____
Accommodations	\$ _____
Meals	\$ _____
Other	\$ _____

**TOTAL REQUESTED** \$ \_\_\_\_\_ \*

**I am requesting funds under the Staff Development Policy to participate in the program described above. Funds for this program are not available in the departmental budget.**

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head's Approval

\_\_\_\_\_  
Date

**SUBMIT COMPLETED FORM TO THE CHAIR OF THE WSA STAFF DEVELOPMENT COMMITTEE.**

Charge to Account No. 10-6752-6110

Approval \_\_\_\_\_ Date: \_\_\_\_\_

**AN EXPENSE REPORT AND PROPER DOCUMENTATION MUST BE SUBMITTED  
WITHIN 2 WEEKS OF THE PROGRAM DATE.**

**Webster Staff Alliance  
Professional Development Program  
Workshop/Seminar Evaluation Form**

**Title** \_\_\_\_\_ **Presenter** \_\_\_\_\_

**Sponsoring Company** \_\_\_\_\_ **Date** \_\_\_\_\_

1. What specific objectives did you expect to achieve (or make progress toward achieving) by attending this workshop? \_\_\_\_\_

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2. Of the ideas and information presented, which specifically addressed your objectives? \_\_\_\_\_

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3. How do you plan to use what you have learned in this workshop? \_\_\_\_\_

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**PLEASE RATE THE FOLLOWING ON A SCALE OF 1 to 3**

(1=Superior; 2=Satisfactory; 3=Unsatisfactory)

**1. The Presenter**

- a. Knowledge of subject \_\_\_\_\_
- b. Quality of presentations \_\_\_\_\_

**2. The Workshop/Seminar**

- a. Achievement of workshop objectives \_\_\_\_\_
- b. Organization \_\_\_\_\_
- c. Focus on important issues and concerns \_\_\_\_\_
- d. Relevance to your actual work \_\_\_\_\_

**3. Overall Rating of Workshop/Seminar** \_\_\_\_\_

**4. General Comments** \_\_\_\_\_

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**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Thank you very much for giving this evaluation your thoughtful attention.*

**Please return this form to Terri Jones, Information Technology**

**July 2006**