



## SEHD WORKFORCE DEVELOPMENT SERIES PROPOSAL

Series Title:	
Cost of Series, if applicable: \$	Series Registration Process (attach form/information): <input type="checkbox"/> Online <input type="checkbox"/> By Mail <input type="checkbox"/> By Phone
Series Format: <input type="checkbox"/> In-person <input type="checkbox"/> Virtual	Series Duration (# of hours, days, weeks, or months):
Series Description/Purpose:	
Topics covered:	
Describe how the proposed series could benefit individual staff members:	
Describe how the proposed series could benefit the organization:	
As an employee of the Southeast Health District, I have no commercial relationships or conflict of interest relative to this series proposal to disclose.	
_____ Employee Name (Print)	_____ Work Location
_____ <b>Employee Signature</b>	_____ Date
Development Series Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No (attach explanation)	
Amount of Stipend: \$ _____	
_____ <b>Workforce Development Series Selection Committee</b>	_____ Date