The Human Resources Professional Development (HRPD) program is designed to broaden participant’s HR knowledge base while developing leadership potential. HRPD encourages strategic thinking to support agency missions.

**The application deadline is May 1, 2025. Please email the completed application to training@admin.sc.gov.**

You will receive an acknowledgement of receipt of your application. Our goal is to notify applicants accepted into the program by the end of June.

**Commitments**

Applicant agrees to:

* fully participate in all components of the program.
* attend **all** scheduled courses. Participants must attend at least 90% of a class to receive credit for the class.
* complete each assignment in the specified time frame.
* actively engage in the learning process.
* apply learning on the job.

**Program Fee**

Invoice for $1,000 will be sent after the orientation session. Finance offices of state agencies will receive invoice through interdepartmental transfer (IDT). Individuals from higher education or local/municipalities will receive an invoice through the mail to have processed.

**Withdrawal Policy**

Candidates wishing to withdraw from the HRPD program must submit a written request to the South Carolina Department of Administration’s (Admin) Director of Learning and Organizational Development.

The request must include the effective date of the withdrawal. Withdrawal requests cannot be backdated. The written request must also indicate the candidate's decision to either resume participation with the next graduating class or their desire to be removed from further program participation.

If the candidate does not resume participation with the next graduating class, the candidate will have to reapply. Reapplying is not a guarantee of acceptance.

Refunds will be based on the withdrawal date and the HRPD program Refund Policy below.

**HRPD Refund Policy**

If a participant must withdraw from the program and cannot re-enroll the following year, a refund will be given according to the following guidelines:

Before Sept. 25, 2025 $1,000

Sept. 25, 2025-Jan. 9, 2026 $500

After Jan. 9, 2026 No refund

|  |  |
| --- | --- |
| Name: |       |
| Preferred Name (If Different ): |       |
| MySCEmployee ID (SCEIS Username): |       |
| Agency: |       |
| Job Title: |       |
| Email: |       |
| Phone: |       |
| Cell Phone/Alternate Contact: |       |
| Agency Street Address: |       |
| City: |       |
| Zip Code: |       |
| Supervisor: |       |
| Supervisor Email: |       |
| Number of Years in State Government: |       |
| Number of Years of HR Experience: |       |
| Do You Supervise Staff? | [ ]  Yes [ ]  No If Yes, How Many?       |

**Applicant Details**

**Applicant Questions**

Please describe your HR role.

Why are you interested in participating in the HRPD program?

**Applicant Acknowledgement**

As an applicant to the HRPD program I confirm that the information provided is accurate to the best of my knowledge and I commit to the requirements of the program.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name (Printed): |       | Date: |       |
| Applicant Signature: |  |

**Supervisor Signature**

As the applicant’s supervisor/manager, I commit to:

* support the applicant’s participation in the HRPD Program.
* work with the applicant to ensure they receive the support to allow them to commit to this program.

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Name (Printed): |       | Date:  |       |
| Supervisor Signature: |  |
| Supervisor Email: |       |

* encourage and support application of learning on the job.

**Leadership Approval**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency Head/Deputy Director/Designee Signature: |  |  | Date: |       |
| HR Director Signature: |  |  | Date: |       |
| HR Director Email: |       |  |