Shepherd
U N I V E R S I T Y

Application for Staff Development Funds

Date_____ Employee Start Date (month/year) _____

Name_____ ❐ Full-Time   ❐ Part-Time

Department_____Title_____

Extension_____E-Mail_____

Date of Travel_____Semester Attending School_____

Purpose and Justification _____

_____

_____

COST: TRAVEL   **COURSE/PROGRAM FEE**

$_____Mileage $_____Seminar/Conference Fee

$_____University Vehicle

$_____Air Travel $_____Off-Campus Fee

$_____Lodging $_____Textbook

$_____Meals

TOTAL COST: $_____   YOUR DEPARTMENT'S CONTRIBUTION: $_____

TOTAL AMOUNT REQUESTED FROM STAFF DEVELOPMENT: $ _____

EXECUTIVE LEADERSHIP TEAM APPROVED TRAVEL: · YES · NO

_____   _____
Signature of Applicant   Signature of Supervisor

_____   _____
Human Resources Representative   Chair, Staff Development Committee

_____
Procurement Representative

Staff Development Committee: Amount Approved: $_____   ❐ Request Denied

Please use the following codes: FUND 322043 ORG 206035 ACCOUNT: EMPLOYEE TRAVEL - 7GH127; IN STATE - 7GH157 - Conference Registration Fees, books, tuition reimbursement; OUT OF STATE - 7GH158 - Conference Registration Fees, books, tuition reimbursement