



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

TUITION

\$ _____ Mileage

\$ _____ Seminar/Conference Fee

\$ _____ College Vehicle

\$ _____ Course Fee

\$ _____ Air Travel

\$ _____ Off-Campus Fee

\$ _____ Lodging

\$ _____ Textbook

\$ _____ Meals

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

TOTAL AMOUNT REQUESTED FROM STAFF DEVELOPMENT: \$ _____

Signature of Applicant

Signature of Org. Unit Manager
or Major Administrator

Director of Human Resources

Chair, Staff Development Committee

Staff Development Committee: Amount Approved: *\$ _____ Request Denied

***Please use the following codes: FUND 104300 ORG 104000 ACCOUNT 715200**