



## 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