



SHEPHERD
UNIVERSITY

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 - 7GHI27; IN STATE - 7GHI57 - Conference Registration Fees, books, tuition reimbursement; OUT OF STATE - 7GHI58 - Conference Registration Fees, books, tuition reimbursement**