



# STAFF DEVELOPMENT FUND APPLICATION FORM

## SECTION I (Completed by the applicant(s), at least 30 days before the activity takes place)

Individual Request     Group Request    (Generally, individual requests will not be funded for more than \$500, group requests for \$750.)

Department: \_\_\_\_\_

Applicant's Name(s): \_\_\_\_\_

Employee Status:     Exempt                                     Non-Exempt

Development Opportunity (event, conference, etc.): \_\_\_\_\_

Beginning Date: \_\_\_\_\_                                    Ending Date: \_\_\_\_\_

Location: \_\_\_\_\_

Index Number: \_\_\_\_\_

### Description of Activity

Describe how the activity relates to current job responsibilities and duties, increases individual productivity and job skills, or in some other way enhances the value or contribution of the employee(s) to the University.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Itemized Budget Information

Describe expenses involved to participate in the activity. Attach requisitions, travel request forms, brochures, itineraries, registration forms, and other appropriate documentation regarding the activity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby agree to provide my supervisor and the staff Education/Development Committee with the required documentation, receipts, and information as outlined by the policy of this fund.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## SECTION II (Completed by the Staff Education/Development Committee)

Approved                     Individual                     Group                    Amount: \$ \_\_\_\_\_                    Fiscal Year: \_\_\_\_\_                     Not Approved

Comments: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_ Date \_\_\_\_\_

Committee Coordinator Signature: \_\_\_\_\_ Date \_\_\_\_\_

## SECTION III (Completed by the employee and the supervisor after the activity has been attended)

Approved Amount Funded: \$ \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_