

**CLASSIFIED STAFF PROFESSIONAL DEVELOPMENT FUND
APPLICATION FOR FUNDING**

Name _____ Department _____ Date _____

Title of proposed training/development activity, and location:

Date of the training/development activity: ___/___/___ Estimated cost:\$ _____

This will benefit me and my department as follows:

Is this training/development activity available on campus? If so, explain the benefits of attending "off" campus:

*This program is **not** to be used for funding mandatory training needed to maintain a necessary professional certification, for funding mandatory training needed to pass probation, etc.*

Amount funded by department/unit: _____ Account code: _____

Amount contributed by the individual (if any): _____

Amount requested from Classified Staff Fund: _____

If you are presenting/moderating, are you being paid or getting some kind of expense reimbursement ___ Yes ___ No If yes, how much? \$ _____

**Note: Attach a travel authorization form if you want the registration fee pre-paid.
Questions? Call Barb Bowers, 36-3871.**

Approved: _____
Supervisor Signature

* * *Please forward to Office of Human Resources* * *

Subcommittee recommendation: ___ Approve Funding ___ Deny Funding

Amount Approved for Reimbursement from the Classified Staff Fund _____

Final Approval: _____ Date: _____
Director of Human Resources