Application for Staff Development Funds

Date of Request: _____

Name:_____

Job Title: _____ Department: _____

Professional Development Opportunity: _____

Location: _____

Please answer the following questions:

1. How does this training relate to your job responsibilities and/or career aspirations within the Department/College?

2. Will the training benefit one or more staff, students, or faculty in your unit? If so, how?

3. How will you share knowledge learned and/or incorporate the new skills in current job?

4. How will job functions be covered while employee is absent (if applicable)?

Dollar amount of request (including travel expense, conference registration, etc):_____

Applicant Signature:_____

Supervisor approval (if different than department chair):_____

Department Chair Approval:_____

*** Please be sure to submit conference/course documentation to support the request***