REQUEST FOR STAFF PROFESSIONAL DEVELOPMENT APPROVAL

SECTION I.

Name: __________________________

Position: _________________________

Location/Department: __________________

Activity (attach registration form): __________________

Dates: ____________________________

Location of Activity: __________________

Describe how this will enrich or improve job-related skills, performance, or work function:

____________________________________________________________________________________

Amount of funding received in previous fiscal year: __________________

License/Professional Designation awarded? □ Yes □ No

If yes, title of License/Professional Designation: __________________

SECTION II. (Receipts are required for reimbursement)

Estimated Expenses:

$ __________ Registration (if prepaid, pay to:______________________)

$ __________ Estimated Automobile Mileage (____ miles x .35 cents per mile)

$ __________ Transportation (airfare, ground transportation, parking, tolls)

$ __________ Lodging

$ __________ Meals

$ __________ Other (please list)

$ __________ TOTAL ESTIMATED EXPENSES

SECTION III. (Approval)

Employee Signature: ___________________________ Date: ____________

Supervisor Signature: __________________________ Date: ____________

For administrative use only:

SPD Committee Approval: □ Yes □ No By: ________________ To employee: ____________

Revised August 2014