

REQUEST FOR WSA STAFF DEVELOPMENT FUNDS

(Please print legibly)

Name: _____ CARS ID No. _____

Telephone No. (____) _____ E-Mail: _____

Location: _____ Department: _____

PROGRAM TITLE: _____

PROGRAM DATE(S)/LOCATION: _____

How will this program benefit you and your department or the University? (Attach copy of program brochure.)

COSTS:

Registration Fee	\$ _____
Travel	\$ _____
Accommodations	\$ _____
Meals	\$ _____
Other	\$ _____

TOTAL REQUESTED \$ _____ *

***not to exceed \$1,500.00**

I am requesting funds under the Staff Development Policy to participate in the program described above.

Employee's Signature _____ Date

Supervisor's Approval _____ Date

Department Head's Approval _____ Date

As Department Head, I am verifying that funds for this program are not available in the departmental budget.

SUBMIT COMPLETED FORM TO THE CHAIR OF THE WSA STAFF DEVELOPMENT COMMITTEE.

Approval _____ Date: _____

AN EXPENSE REPORT AND PROPER DOCUMENTATION MUST BE SUBMITTED WITHIN 2 WEEKS OF THE PROGRAM DATE.

