



**TO REQUEST STAFF DEVELOPMENT FUNDS:**

- 1. FILL OUT *STAFF DEVELOPMENT FUNDS APPLICATION* UP TO AND INCLUDING THE "AMOUNT REQUESTED".**
- 2. ATTACH PROGRAM DESCRIPTION/BROCHURE.**
- 3. HAVE YOUR SUPERVISOR AND DEPARTMENT HEAD INDICATE HIS/HER APPROVAL.**
- 4. SUBMIT COMPLETED FORM (WITH PROGRAM DESCRIPTION/BROCHURE ATTACHED) TO STAN RACKLEY, 7-180 WDH (MAILBOX IN 5-130C WDH).**
- 5. HUMAN RESOURCES WILL REVIEW THE APPLICATION. APPLICANT WILL BE NOTIFIED OF THE DECISION WITHIN TWO BUSINESS DAYS.**

**DO NOT REGISTER FOR THE COURSE/PROGRAM UNTIL YOU HAVE RECEIVED NOTIFICATION FROM HUMAN RESOURCES THAT YOUR APPLICATION HAS BEEN APPROVED.**



## STAFF DEVELOPMENT FUNDS APPLICATION\*

Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Telephone No. \_\_\_\_\_

Department \_\_\_\_\_

Campus Address \_\_\_\_\_

Program Title: \_\_\_\_\_

**(Program description/brochure must be attached to this form)**

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Program Offered By: \_\_\_\_\_

Amount Requested \_\_\_\_\_

I give approval for the applicant to attend this function. Attendance will be during work hours.

I give approval for the applicant to attend this function. Attendance will **not** be during work hours.

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

\_\_\_\_\_  
Department Head

### **For Human Resources Use Only:**

Human Resources Approval \_\_\_\_\_

Budget(s) to be charged: \_\_\_\_\_ \$ \_\_\_\_\_

Staff Development Account

\_\_\_\_\_  
Other

Any difference covered by Applicant

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\*If you are requesting Regents Scholarship funds, please see the forms available at the U Wide Forms Library under "Application for Regents Scholarship"

**RETAIN COPY FOR DEAN'S OFFICE STAFF DEVELOPMENT FILE**