



STAFF DEVELOPMENT REQUEST FORM

JOB- OR CAREER-RELATED TRAINING FOR CONTINUING/REGULAR SUPPORT STAFF

PART A. APPLICANT TO COMPLETE AND FORWARD TO APPROPRIATE ADMINISTRATIVE HEAD

Name: _____ Employee #: _____
 Employee Group: _____ Department: _____ Office phone #: _____
 Interdepartmental mailing address: _____ E-mail address: _____

Course/Program/Seminar/Workshop Information (Must be Job- or Career-Related)

- ◆ Courses/Programs/Seminars/Workshops that begin and end on the same dates can be included on the same form.
- ◆ Complete separate forms for courses/programs/seminars/workshops that begin and/or end on different dates.

◆ **Form must be completed and submitted to Learning & Development Services for approval prior to the beginning of the course(s).**

Course/Program/Seminar/ 1) _____ Cost: \$ _____
 Workshop Title(s): 2) _____ Cost: \$ _____
 Institution: _____ Course during normal work hours: Yes No
 Start Date: _____ End Date: _____
 Applicant's Signature: _____ Date: _____

PART B. SUPERVISOR/HEAD AND DEAN OR DIRECTOR OF SCHOOL/ADMINISTRATIVE UNIT TO COMPLETE AND FORWARD TO LEARNING & DEVELOPMENT SERVICES, 222 ISBISTER BUILDING

1. Describe relation to job or career and, if applicable, to indicate approval for any arrangements for making up any time loss.

Signature, Department Head/
 Immediate Supervisor: _____ Date: _____

2. Registration fees paid by Employee.
OR
 Registration fees paid by Department/Unit.
 a. Indicate Department/Unit to be credited: _____
 b. FOAP to be credited: _____ — _____ — _____ — _____
3. Photocopy of proof of payment of registration fees attached.
OR
 Photocopy of proof of payment of registration fees to be submitted with proof of successful completion.

Signature, Dean/Director/Designate: _____ Date: _____

PART C. FOLLOWING COMPLETION OF COURSE, COMPLETE THIS SECTION ON PHOTOCOPY, ATTACH TO MARK/FEE STATEMENT AND RE-SUBMIT TO LEARNING & DEVELOPMENT SERVICES

- Photocopy of mark or proof of satisfactory completion.
 Photocopy of proof of payment of registration fees (if not previously submitted).

PART D. FOR COMPLETION BY LEARNING & DEVELOPMENT SERVICES

Fiscal Year: 201 / 1 S # _____ Percent of full-time: _____ % University start date: _____
 Approved: 1) Yes No Eligible for reimbursement: _____ % Max: \$ _____ Amount: \$ _____
 2) Yes No Eligible for reimbursement: _____ % Max: \$ _____ Amount: \$ _____

Comments: _____

Signature: _____ Date: _____ Photocopy sent Access

FOAP to be charged: **110000 – 520701 – 71010 – 1200** Amount to be Reimbursed: \$ _____