



STAFF DEVELOPMENT FORM

PROFESSIONAL DEVELOPMENT COURSES FOR SUPPORT STAFF

PART A. PERSONAL INFORMATION (all information is required)

Name: _____ Employee #: _____ University Start Date _____
 Department: _____ Employee Group: _____ Phone# _____
 Faculty/Unit: _____ E-mail address: _____

PART B. COURSE INFORMATION

1: Course Information

	Course Name	Start Date	End Date	Fees
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____

Institution: Extended Education CHERD CATL Other: _____

2: Relation to job or career

3: Payment Information

Paid by Employee

Paid by Department / Faculty / Unit

Department / Unit _____

Dept. FOAP _____

(must be an operating fund) _____ - _____ - _____ - _____

4: Signature (Dean / Director / Designate): _____ Date: _____

*** COURSES TAKEN DURING NORMAL WORKING HOURS***

If a course is to be taken during normal working hours, please ensure that you have engaged your supervisor/manager/director for approval as well as any arrangements for loss of time.

PART C. REQUIRED DOCUMENTATION

Mark Statement / Proof of Completion. Attached
 Account Summary. Attached

PART D. SIGNATURE - Signature confirms that all the information contained on this form is correct.

SIGNATURE _____ Date: _____

FOR COMPLETION BY LEARNING & ORGANIZATIONAL DEVELOPMENT

Date Received _____ Fiscal Year: _____ # _____ Percent of Full Time _____ %

Approved 1) Yes No Eligible for reimbursement: _____ % Max: \$ _____ Amount: \$ _____
 2) Yes No Eligible for reimbursement: _____ % Max: \$ _____ Amount: \$ _____

Comments: _____

Signature: _____ Date: _____

FOAP to be charged: 110000 – 520701 – 71010 – 1200 TOTAL REIMBURSEMENT: \$ _____