



**Staff Development Application**

Date of Request: \_\_\_\_\_ UIN: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please state whether this request is for a class, workshop, seminar, or conference. Provide how this development opportunity relates to your job responsibilities and will further enhance your current job performance. Attach additional pages, if needed. By submitting this application, you acknowledge you have read and agree to the "Staff Development Program Guidelines."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposal Cost:**

**Notes:**

Registration: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Lodging: \_\_\_\_\_  
Meals: \_\_\_\_\_  
Other (Please explain): \_\_\_\_\_

**Total Amount Requested:** \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Completed form should be submitted to the Staff Council Chair.*

**Staff Council Use Only**

Staff Council Approval: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Total Amount to be funded: \_\_\_\_\_

Mays Account #: \_\_\_\_\_ Departmental Account #: \_\_\_\_\_