

Section A.

Submitted by: _____ LID Number: _____ Date: _____
Position Title: _____ Dept: _____
Extension: _____ Work Schedule: _____

Section B.

1. **Request is for:** Individual Group activity

Individual: each individual will be eligible for an amount not to exceed \$500 per fiscal year.

Group: group of 2-24 not to exceed \$500.

If GROUP activity, who should attend and what is the anticipated number of attendees?

2. **Please provide:**

- a. The topic or title and a brief description of the activity.
- b. Descriptive brochures or other documentation.
- c. Explanation of how this activity will contribute toward your, or the group's professional development.

Date(s): _____ Location: _____

Requested from SPD: \$ _____

Section C.--- REQUIRED by HR to process application

Complete one of the following forms, obtain all required signatures and attach to this application.

1. Registration and Materials Fee

- a. If your department is providing funds toward the cost of the activity, indicate the amount chargeable to the department cost center on the **Purchase Requisition** or **Reimbursable Expense Report**.
- b. If you **have** submitted payment, present a request for reimbursement on the **Reimbursable Expense Report** form.

Section C continues on reverse side

Transportation:

- a. If your plans include **travel of more than 100 miles**, follow the College’s policy for travel (3354:2-36-01), and complete a *Travel Approval and Expense Report Form* at least 14 days in advance of your travel.
- b. If your plans include **travel of less than 100 miles**, estimate your reimbursable travel expenses below. Upon your return, request reimbursement for these expenses by attaching receipts or recording mileage to a **Reimbursable Expense Report** submitted to the Human Resources Department.

2. Total of Request:

\$500 limit per employee or group up to 24/fiscal year.

Anticipated Expenses	Payments
Registration/Fees: \$ _____	From Dept: \$ _____
Transportation: \$ _____	Fee Waiver: \$ _____
List Other Expenses: \$ _____	List Other Payments: \$ _____
\$ _____	\$ _____
\$ _____	From SPD: \$ _____
Total: \$ _____	Total: \$ _____

⇐ **Totals Agree** ⇒

I am requesting the funds noted above and agree to prepare a written summary of the program I attend and an evaluation of its effectiveness.

Signature of Staff Member

Date

Because of its job relevancy, I approve the time away from work for this professional development activity. The monies noted above as payments from the department will be available to assist in the funding of this activity.

Signature of Supervisor

Date

Section D. For use by Staff Professional Development Committee

Date received in Human Resources: _____ Date reviewed by Committee: _____

Decision of Committee: Amount Approved \$ _____ Disapproved because _____

Signature of Human Resources, Ex-Officio

Date