U N I V E R S I T Y

Shepherd

Application for Staff Development Funds

Date Employee Start Date (month/year) Name  Full-Time  Part-Time

Department Title Extension E-Mail Date of Travel Semester Attending School Purpose and Justification

# COST: TRAVEL COURSE/PROGRAM FEE

$ Mileage $ Seminar/Conference Fee

$ University Vehicle

$ Air Travel $ Off-Campus Fee

$ Lodging $ Textbook

$ Meals

# TOTAL COST: $\_ YOUR DEPARTMENT’S CONTRIBUTION: $

**TOTAL AMOUNT REQUESTED FROM STAFF DEVELOPMENT: $ EXECUTIVE LEADERSHIP TEAM APPROVED TRAVEL: YES NO**

Signature of Applicant Signature of Supervisor

Director of Human Resources Chair, Staff Development Committee

Procurement Representative

# Staff Development Committee: Amount Approved: $  Request Denied

**Please use the following codes: FUND 322043 ORG 206035 ACCOUNT: EMPLOYEE TRAVEL - 7GH127; IN STATE - 7GH157 -**

**Conference Registration Fees, books, tuition reimbursement; OUT OF STATE - 7GH158 - Conference Registration Fees, books, tuition reimbursement**