

Request for Staff Development Funds

AFSCME, MAPE, MMA and Commissioner's Plan Bargaining Units
Cost Center 654000

Name of Requestor _____ Date _____

Type of Activity or Event _____

Date(s)/Time of Activity _____ Location of Activity _____

Itemization of costs

Full Description of Items	Cost

Total Requested * _____

Has this activity already been paid for? (This directs proper funding/reimbursement)

- no, pay directly with staff development funds (internal req needed)
- yes, through ARCC cost center# _____ PO #: _____
- yes, employee paid for activity (employee expense form needed)

Explain why activity/event is in the best interest of the college. Professional/Personal Growth Academic Pursuit

Supervisor Approval Approved Denied Professional/Personal Growth Academic Pursuit

Supervisor _____ Date: _____

Comments: _____

Committee Approval Approved Denied

Staff Development Committee _____ Date: _____

Comments: _____ Approved Amount: _____

Human Resources Approval Approved Denied

Director of Human Resources _____ Date: _____

Comments: _____

College Approval Approved Denied

President _____ Date: _____

Comments: _____