APPLICATION FOR ASSISTANCE
STAFF TRAINING & DEVELOPMENT FUND

Program Information and Approval

Assistance from the Staff Training & Development Fund is available for eligible Support Staff.
This form is to be completed and signed before submission to Human Resources.

The applicant will be registered for the program by Human Resources upon approval of the application unless directed otherwise by Human Resources.

Program Information

Employee Name: _____ Group: AESES ☐ / IUOE ☐ / CMP ☐

Department: _____ Dept. Account #: __ - ____ - _____- _____
(complete in full)

Program Type: Course ☐ / Seminar ☐ / Workshop ☐ / Conference ☐

Program Name : _____

Program Number (PACE courses and seminars only): _____

Offered By: _____

Program Date(s): _____ Registration Fee (incl. tax): $_____

A description of the program and any other pertinent information should be attached to this application.

I agree to complete a written evaluation of the program named above in order for my department to receive a partial reimbursement of the registration fee. Human Resources will provide the evaluation form upon program completion.

_____ _____
Signature of Employee Date

Approval

I agree that this employee's attendance at the program named above would be beneficial to the department and/or the University, and certify that there are sufficient funds in the departmental account named above to cover the balance of the registration fee and any other associated costs.

_____ _____
Signature of Department/Unit Head Date

For Human Resources Use Only

HR Approval: _____ Date: _____

(PACE - 80%: $_____) 60%: $_____ Copy for Employee's File ☐

Date Applicant Registered: _____ Date Invoice Paid: _____

Evaluation Form Sent: _____ Evaluation Form Returned: _____

Reimbursement Amount: $_____ Date: _____