

APPLICATION FOR ASSISTANCE FROM THE STAFF TRAINING AND DEVELOPMENT FUND

** PLEASE COMPLETE ALL SECTIONS BEFORE SUBMITTING THIS FORM TO THE HUMAN RESOURCES OFFICE. APPLICANTS WILL BE REGISTERED INTO THE COURSE BY THE HUMAN RESOURCES OFFICE UPON APPROVAL OF THIS APPLICATION. IN ADDITION, ALL BILLINGS AND REIMBURSEMENTS WILL BE PROCESSED BY THE HUMAN RESOURCES OFFICE.*

EMPLOYEE NAME: _____

DEPARTMENT: _____

Departmental Account Number: _____

COURSE NAME: _____

COURSE NUMBER: _____

OFFERED BY: _____

DURATION (Incl. Dates): _____

IS THIS A SEMINAR/WORKSHOP? _____ or a CONFERENCE? _____

REGISTRATION FEE: _____

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.

Signature of Employee

DATE

I agree that this employee's attendance at the program named above would be beneficial to the department and/or to 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 Head/Chair/Dean

DATE

Approved by Human Resources

DATE

NOTE: A copy of the brochure advertising the course or any other pertinent information should be attached to this application.

FOR OFFICE USE ONLY:

Invoice Paid _____
DATE

Applicant Registered _____
DATE

Evaluation form Recieved _____
DATE

Partial reimbursement of registration fee: _____
(amount)

(date)