STAFF DEVELOPMENT FUND REQUEST

For Classified and Professional Staff

| STEP ONE: DEPARTMENT APPROVAL (Employee should complete step one and submit to supervisor for approval. As noted on the form, only registration costs will be covered with a \$250 maximum each fiscal year. Requests will be reimbursed depending on funds available in the staff development account.) | | | |
|--|---|-----------------|---------------------------------------|
| | | Date | |
| | | Attendee's Name | (Classified Staff Professional Staff) |
| | | Department | Index to be Credited |
| Name of Seminar/Workshop | | | |
| Location and Date | Registration Cost \$ | | |
| (Attach information, including cost) | Registration Cost \$ | | |
| Supervisor's Approval | Date | | |
| Signature | | | |
| STEP TWO: SEMINAR/WORKSHOP EV (Employee should complete section two after attend for reimbursement approval.) | /ALUATION ding Seminar/Workshop and submit to Human Resources | | |
| If a certificate is issued, please attach a copy t | o be placed in the official personnel file. | | |
| • Was the subject matter presented relevant/ | /valuable in your present position? | | |
| • Will the subject matter be of help to you in | the future? | | |
| Were the speakers knowledgeable and did | they present it in an understandable manner? | | |
| Based on other training/seminars you have | attended, how would you rate this presentation? | | |
| GENERAL COMMENTS: | | | |
| | | | |
| <u>STEP THREE:</u> REIMBURSEMENT APPR | OVAL | | |
| The above training has been approved for r | reimbursement in the amount of \$ | | |
| Human Resources Approval Signature | Date | | |
| | Resources Office at hr@wou.edu. sed after this form is received. | | |