

Classified Staff Professional Development
Request for Funds
2018/2019 Fiscal Year

Name: _____ Today's Date: _____

Title of activity: _____
(Please attach flyer or brochure that contains information about the activity.)

Location of activity: _____ Dates of activity: _____

Attach the following information:

1. A description of the activity.
2. Timelines for carrying out and completing the activities.
3. Justification:
 - a. What is the need for the activity?
 - b. How will the outcomes be beneficial to LTCC?
 - c. How will you assess the success of the activity?
 - d. How will this activity specifically support Student Learning, a Strategic Plan goal, or an operational need?
4. Funding request. Provide a detailed budget specifying all costs, including registration, travel, etc.

Estimated expenses:

Registration: \$ _____
Meals: \$ _____
Lodging: \$ _____
Mileage: \$ _____
Other (please state): \$ _____
Total estimated costs: \$ _____

How much money are you requesting from classified staff development? \$ _____

Will overtime be necessary? Yes _____ No _____

Supervisor: _____ Dated: _____

In signing the above, I agree that this relates to the employee's position, I approve the time off if applicable, and I am aware the employee is requesting professional development funds.

Committee Decision: _____ denied _____ approved Amount approved \$ _____

Committee chair: _____ Date: _____

Notes: _____

GL Code: 11-5216-6751-3100-000