

SUOAF-AFSCME
PROFESSIONAL DEVELOPMENT FUNDING REQUEST

Applicant's Name: _____

Department: _____

Phone: 7 - _____

Please state the nature of your request (i.e., title of conference with specifics such as conference registration, travel, etc., or educational materials):

Describe the details of your request. If your request is not for travel/conference moneys, please describe the item(s) you are requesting and your intended use of them:

Conference:

Item Description:

Dates: _____

Title: _____

Fees

Description:

Registration: \$ _____

Lodging: \$ _____

Travel: \$ _____

Other: \$ _____

Purchase Price: \$ _____

Total Cost: _____

Is there other information you feel is pertinent for the committee to know in making their decision on this award? Please detail it briefly in the space below:

Please note: University P-Cards should not be used for the award amount paid with SUOAF funds.

I acknowledge that the above request falls within the "SUOAF Professional Development Guidelines dated October 17, 2017

SUOAF-AFSCME MEMBER SIGNATURE

DATE

SUPERVISOR'S APPROVAL

DATE