



## Office Professional Classified Conference Fund Application Form

**Instructions:** Please submit all copies of this form to the Human Resources Department three (3) weeks prior to conference dates. Please type or print. Attach a copy of your registration form or other information advertising the conference or workshop.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

School/Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Conference/Workshop Title: \_\_\_\_\_

Location: \_\_\_\_\_ Dates: \_\_\_\_\_

How does this conference/workshop relate to your job responsibilities?

\_\_\_\_\_

**FUNDS REQUESTED (maximum of \$175.00 available):**

Substitute for the following date: \_\_\_\_\_  
Please indicate how many hours a substitute will be needed: \_\_\_\_\_

Registration fee amount: \_\_\_\_\_ (attach copy of registration form)

Travel: \_\_\_\_\_ miles at \$.565/mile = \$ \_\_\_\_\_

Lodging (estimate your expenses) = \$ \_\_\_\_\_

**NOTE:** You are responsible for paying the registration fee and other expenses from your own funds. You will be reimbursed up to \$175.00, minus the cost of any substitute fee, after you have submitted your receipts attached to an Expense Reimbursement form. You will not be reimbursed until AFTER the date of the conference/workshop.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This section to be completed by HR

Approved as requested                      Comments: \_\_\_\_\_

Partially approved  
Amount funded \$ \_\_\_\_\_

Denied  
Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_