



SEIU Staff Development Fund Application Form

Instructions: Please submit all copies of this form to the Human Resource Department three (3) weeks prior to date needed. Please type or print. Attach a copy of your registration form or other information.

Employee Name: _____ Job Title: _____

School/Department: _____ Phone: _____

Conference Details:

Conference/Workshop/Class Title: _____

Conference Location: _____ Conference Dates: _____

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

FUNDS REQUESTED (maximum of \$350.00 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 \$ _____ mile = \$ _____
- Lodging (estimate your expenses) = \$ _____
- Books or related materials = \$ _____
- District Purchase Order
- Personal Reimbursement

Applicant's Signature: _____ Date: _____

Principal/Program Manager Signature: _____ Date: _____

SEIU Committee Signature: _____ Date: _____

This section to be completed by HR

- Approved as requested
 - Partially approved
Amount funded \$ _____
 - Denied
- Comments: _____

BUDGET #: 0169-27-5122-001-8400

Human Resources Signature: _____ Date: _____