

**CLASSIFIED STAFF DEVELOPMENT FUND (CSDF) APPLICATION****1. Personal Information:**

Name: _____ Employee ID No. _____

Address: _____
Street City State Zip

Work & Home/Cell Phone: _____ Email: _____

Title: _____ Department: _____ M/S: _____

2. Title of Course, Seminar, Meeting, or Function (If multiple courses are taken, please list only those you are requesting reimbursement for):Location: _____ Date(s): _____
(Request must be submitted no more than one month after start date.)**3. Expense**

Registration fees: \$ _____

Books or other expenses (describe): \$ _____

Amount reimbursed by other sources: \$ _____

Total remaining expense (line 1 + line 2 - line 3) : \$ _____

Total reimbursement requested from CSDF: ** \$ _____

(Maximum \$200 per FY-July 1 to June 30)

Reimbursement is allowed only for employee paid expenses***Attach original receipts with payment AND registration forms showing enrollment*****4. Explain the importance of this course, meeting, etc. to your career/personal objectives. How will your participation benefit the university?**_____

_____**4a.** If applicable, list your Program of Study or Major: _____**5. Due to availability of funds, please also utilize any other sources of funding available to you.****5a.** Does your department/college offer assistance? Yes ☐ No ☐**If yes, please answer 5b. If no, skip to 5c.****5b.** Please request assistance from your department. (Required to process application.)

Amount requested: \$ _____ Amount granted: \$ _____ Supervisor's initials: _____

5c. Did you apply for a Grant-in-Aid? Yes ☐ No ☐

(The Grant-in-Aid is an employee benefit that covers registration fees for a class taken at the University or at a Community College)

Was Grant-in-Aid awarded? Yes ☐ No ☐ If no, please explain: _____

Signature of Applicant: _____ Date: _____

Signature of Dean, Director or Department Chair: _____ Date: _____

For committee use only:Application Completed _____ Application signed _____ Date approved/denied _____ Amount Granted \$ _____
If denied, explain _____ Date Notification Sent _____