

UNIVERSITY OF NEVADA, RENO STAFF EMPLOYEES' COUNCIL 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:

Location: _____ Date(s): _____
(Request must be submitted no more than one month after start date.)

3. Costs:

Registration Fees: \$

Books: \$

Other (describe): \$

Total Costs: \$

Total reimbursement requested from CSDF: ** \$
(Maximum \$100 per request)

**** Reimbursement only for employee monies paid out****

Please attach original receipts and appropriate registration forms

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. Please request assistance from your department. (Required to process application.)

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

5b. 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)

Signature of Applicant: _____ Date: _____

Signature of Dean/Director/Department Chair: _____ Date: _____

For committee use only:

Application Completed _____ Application signed _____ Date approved/denied _____ Amount Granted \$ _____
If Denied, explain _____ Date Notification Sent _____