PURPOSE

The Facilities Services Department (FSD) supports and encourages professional development and self-improvement for employees. This policy provides guidance to FSD employees of the University of Nevada, Reno, regarding funding assistance, whether or not it is requested in conjunction with the Classified Staff Development Fund (CSDF) application and/or Grants-in-Aid reimbursement.

SCOPE

This policy applies to all FSD classified and faculty employees who submit a CSDF application, receive Grants-in-Aid, and/or attend a class or conference for professional or personal development. It is intended to provide clarification to those employees requesting assistance from FSD.

GENERAL

Employee Requirements to Qualify for Assistance

- Employee is a minimum of 0.53 Full Time Equivalent (FTE)
- Employee is employed for six months or more at time of request
- Employee is in good standing with the department with no disciplinary documentation on file within the past year

Items that Qualify for FSD Reimbursement

- Class materials (books, manuals, software, lab fees, etc.)
• Class, course, seminar, meeting, lab or registration fees

**Funding**
FSD will pay up to a maximum of $50. This amount is granted once per fiscal year (July 1st – June 30th).

**Process for Reimbursement in Conjunction with CSDF**
The employee submits a minimum of $100 in expenses, FSD reimburses the remaining balance over $100, to a maximum of $50.

- Employee submits CSDF Form (if classified) and original receipts to supervisor
- Supervisor submits to Appointing Authority for approval
- If approved, Appointing Authority submits to FSD HR Specialist for reimbursement from FSD

**Process for Reimbursement not in Conjunction with CSDF**

- Employee completes the *Development Assistance Request Form*, attaches the receipts and submits it to the FSD HR Specialist
- FSD HR Specialist submits the completed form and receipts to the Appointing Authority for approval
- If approved, Appointing Authority submits to FSD HR Specialist for reimbursement from FSD

**IMPLEMENTATION**

The Appointing Authority for each FSD unit is responsible for the implementation of this policy within the respective areas of responsibilities.

**TRAINING**

Each supervisor shall ensure regular review of and compliance with the policy.

**COMPLIANCE**

Compliance with FSD policies is required of each employee. Failure to comply with this policy may result in disciplinary action as outlined in the Nevada Administrative Code, the Nevada System of Higher Education Prohibitions and Penalties, and/or the Nevada System of Higher Education Board of Regents Handbook.
Facilities Services Department
Development Assistance Request Form
(Not Associated with the Classified Staff Development Fund Application)

1. Personal Information

Name: _____________________________ Employee ID No. __________
Address: ________________________________________________________________
Work/Home Phone: _____________________________ Email: ___________________
Title: _________________________________________ Department: ______________

2. Title of Course, Seminar, Meeting or Function:

Location: _____________________________ Date(s): ______________________

3. Costs:

Registration Fees: $______________
Books: $______________
Other (describe): $______________
Total Costs: $______________
Total Reimbursement Requested from FSD: $______________

4. Explain the importance of this course, meeting, etc. to your career/personal
development. How will your participation benefit the department?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature of Applicant _____________________________ Date __________
Signature of Appointing Authority _____________________________ Date __________

For department use only:
Request Completed ______ Request Signed ______ Date Approved/Denied ______ Amount Granted $__________
If Denied, Explain ___________________________________________ Date Notification Sent ________