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 ____________

Revised 08-11-16