Classified Staff Development
Request for Funds

Name: ________________________________  Today’s Date: _______________

Title of activity: _________________________________________________________

(Please attach flyer or brochure that contains information about the activity.)

Location of the activity: ________________  Dates of activity: ________________

ESTIMATE THE COSTS BELOW.

Registration: $______________

Meals: $______________

Lodging: $______________

Mileage: $______________

Other (please state): $______________

Total estimated costs: $______________

How much money are you requesting from classified staff development? $______________

Will overtime be necessary? Yes _____  No _____

- Signatures -

Requested by: ________________________________________________

Approved by area supervisor: ________________________________

Approved by area administrator: ________________________________

- Committee Decision -

_____ denied  _____ approved  Amount approved $______________

Committee chair: ____________________________  Date: ________________