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: ____________________