

# Staff Development Funding Application



Please complete this form and forward it to the Staff Development Committee at least 15 working days prior to the workshop, seminar or class. The GC Purchase and Check Request form (attached to this application) and event registration must be submitted with the Staff Development Funding Application. Guidelines for use of Staff Development funds may be found at: <http://www.gcsu.edu/staffcouncil/staff-development>.

Staff professional development is defined as any educational or training opportunity that improves and enhances skills and job capabilities related to the staff member's current job. You may apply to the staff development chair to pay the cost of your registration fee up to \$500 per person, per department, per six months (January – June and July – December). Apply by April 15.

Applications should make every effort to honor the registration commitments made. If an applicant does not attend the development opportunity for which they applied, the employee will not be allowed to use Staff Development funds for the remainder of the current semester through the end of the following full semester. Repeat offenses may cause the employee's eligibility to be reviewed for future use of funds.

Funding will be limited to one person per department or unit for a similar professional development opportunity within the same period. Exceptions to the Staff Development Guidelines will be taken into consideration by the Staff Development Committee. (Staff Development funds do not pay for transportation, workbooks, hotel rooms, or food.)

**If more than one person per department or unit is applying for the same event or conference, please provide an itinerary of the event with this application and indicate what sessions you will attend.** If more than one person from a department or unit is approved for staff development funding, each attendee receiving funding must attend different break-out sessions.

## Procedure for applying for Staff Development funds:

1. Complete the registration form for your event and the Staff Development application.
2. Complete a GC purchase and check request form as follows: **Vendor:** Organization/event, mailing address and phone number **Requested by:** Your name  
**Approved by:** *Leave blank.*  
**Pick up:** *Leave blank unless you want to pick up the check.*  
**Description:** Seminar title and date
3. Please print the form and obtain approval from your supervisor. Once signed by your supervisor, please email, mail or deliver 1. Staff Development Application, 2. Event Registration Form, 3. Purchase/check request form, and 4. Itinerary to Staff Development Committee Chair, (see website) and [staff\\_council@gcsu.edu](mailto:staff_council@gcsu.edu). Campus Box 130, Milledgeville, GA 31061. You can also contact Kimberly at 478-445-8505.

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Please complete this section.

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Title: \_\_\_\_\_ Campus box: \_\_\_\_\_

Office phone: \_\_\_\_\_ Today's date: \_\_\_\_\_

Are you a staff member? (Please check) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you completed your six-month probationary period? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Do you work at least 30 hours per week? Yes: \_\_\_\_\_ No: \_\_\_\_\_

## WORKSHOP, SEMINAR OR CONFERENCE CLASS INFORMATION

Event name: \_\_\_\_\_

Event date: \_\_\_\_\_ Location: \_\_\_\_\_

Event cost: \_\_\_\_\_ Deadline: \_\_\_\_\_

\*If the event costs more than your allotted Staff Development funding amount, do you have access to departmental funds to pay for the remaining balance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what is the remaining balance? \_\_\_\_\_ Department's account number: \_\_\_\_\_

I have read and agree to abide by the rules and guidelines on the first page of this application and understand that failure to do so may result in the approval process taking longer and, or that your funding application may be denied.

Employee's Initials: \_\_\_\_\_

I have read the rules and guidelines and understand that failure to attend if approved results in the employee not being allowed to use Staff Development funds for the remainder of the current semester through the end of the following full semester. Repeat offenses may cause the employee's eligibility to be reviewed for future use of funds.

Employee's Initials: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Employee signature: \_\_\_\_\_

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## SUPERVISOR APPROVAL

I have read the rules and guidelines and approve (Name of Employee: \_\_\_\_\_ )  
to attend this Staff Professional Development. I understand that failure to attend if approved results in  
the employee not being allowed to use Staff Development funds for the remainder of the current  
semester through the end of the following full semester. Repeat offenses may cause the employee's  
eligibility to be reviewed for future use of funds.

Supervisor's name: \_\_\_\_\_ Supervisor's signature: \_\_\_\_\_

**Specify how this training relates to your job.**

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### FOR STAFF COUNCIL USE ONLY

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason denied: \_\_\_\_\_

Staff Development Chair signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Check Request

Date \_\_\_\_\_

**This form is to be used for the following (that are less than \$25,000.00): Registrations, Subscriptions, Memberships, Direct Billings for Hotel/Car Rental, Hotel Prepayments, Utilities, Food Items (Sodexo)**

<b>Vendor Name:</b> _____  <b>Address:</b> _____  <b>Vendor Phone #:</b> _____  <b>Note: If check is to be picked up by GC employee please provide contact information below:</b>  Employee Name: _____ Employee phone #: _____	<b>Requested by:</b> _____  <b>Approved by:</b> _____ Note: Requester & Approver may not be the same person  IT Approved by: _____ IT approval is required for all Technology Related purchases  <b>DEPARTMENT NUMBER(S) TO BE CHARGED:</b> _____ _____ _____
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Item #	Qty/Unit	Description and Specifications	Unit Price	Total Price
<b>Total</b>				

Comptroller/CAO Approval (if needed): \_\_\_\_\_

Date: \_\_\_\_\_