SUOAF/AFSCME PROFESSIONAL DEVELOPMENT

Please complete form and email to committee co-chairs:

Melody Avery (mavery@ccsu.edu) & Dana Wilkie (dwilkie@ccsu.edu)

***Kindly remember to attach any relevant supporting documents with your request when sending your email. HR needs proof of all expenses—this might be screenshots showing pricing from websites, or receipts that clearly outline the cost and the associated activity, event, or item. If possible, name file: Last name_First inital_SUOAF_PD.

Whenever possible, funding requests should be made 30 days prior to event. Thank you!

Application for Funding

Name: ____________________ Department: __________________________

Title: ______________ Extension: ________ Email: ___________________

Amount requested: ________________ Approved by supervisor: Y/N

Date of activity:

Description of the professional development activity:

Describe how this activity is CSCU career appropriate:

Professional Development Committee Chairperson

____

Signature

Vice President of Personnel

____

Signature