

Application for Professional Development Funds

Support Staff

Full Name (Print)

Department

Employee # Phone Local

Email

Employment Status

Regular Full-Time

Non-regular Part-time %

Activity Type

Start Date Finish Date

- Credit Course
- Non-Credit Course
- Workshop
- Conference/Seminar
- Computer-Related (Taxable)
- Other

Description of Activity

Name & Address of Institution (if applicable)

Describe how this request relates to professional development and its usefulness in the performance of your duties or career path at the College

Amount Requested

Please attach any available literature.

Application for **approval is required prior** to the activity.

If approved, deadline for submitting documents pertaining to **reimbursement for activity is six (6) weeks** upon completion.

Details of policy are in HR-17 (Dawson College, Manual of Policies & Procedures)

I, the undersigned, understand that if I fail to submit the pertaining documents on time, reimbursement will not be possible.

Signed By _____

Date (YYYY-MM-DD)

FOR OFFICE USE

Amount approved

Signature of College Rep

Date

Signature of College Rep

Date

Date approved

Budget Year

Budget Code

To be Paid on YYYY-MM-DD