

**COLLEGE OF SAINT BENEDICT SUPPORT STAFF  
PROFESSIONAL DEVELOPMENT FUND APPLICATION**

Name: \_\_\_\_\_ Phone Ext.: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Have you applied for professional development funds in the past? \_\_\_\_\_

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**To be considered, please attach accompanying documentation, i.e. brochures, registration forms, etc.**

Date(s) of Activity/Program: \_\_\_\_\_ Location of Activity/Program: \_\_\_\_\_

Title or Description of Activity/Program:

In what ways will you benefit from attendance at this proposed activity/program as an individual, as well as to enhance your performance on your job and to the community as a whole?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Expenditures Required to Attend Such Activity/Program**

Cost of Activity/Program: \$ \_\_\_\_\_

**Travel Expenses**

Travel reimbursements will follow institutional guidelines.

Car Expense: \$ \_\_\_\_\_

Airfare: \$ \_\_\_\_\_

Hotel: \$ \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Amount Paid by Department: \$ \_\_\_\_\_

TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_

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Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Support Staff Subcommittee for Professional Development Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Director of Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

**Business Office: Please return form to Chair of support Staff Subcommittee for Professional Development**