STAFF DEVELOPMENT FUNDING REQUEST

CALIFORNIA STATE UNIVERSITY, CHICO

Attendee(s)_____ Ext _____ Campus Zip _____

Job Title(s) _____ Supervisor _____ Dept. _____

Description of training _____

_____

Date _____ Time _____ Location _____

*** Provide a detailed breakdown of all costs and supporting documentation (Registration, meals, hotel, airfare, etc.)***

Total cost of training _____ Requested Funding _____

Chartfield string to transfer funds to, if approved (State only) _____

Individual Request

- How is the requested training related to your job? _____

  _____
- Attach a list of staff or indicate number who will be attending _____

  ☐ Staff ☐ Faculty ☐ Admin ☐ Student
- Are you willing to provide this training or share the knowledge with others on campus? ☐ Yes ☐ No

Group Request

- Is this training part of your unit's annual goals or staff development plan? _____
- Is this training mandatory? ☐ Yes ☐ No Has this training been funded in the past? ☐ Yes ☐ No

  If so, from whom and how much? _____
- How does the training support Strategic Priority #2? _____

  _____
- Please make a detailed list of expenses _____

  _____
- Other comments _____

  _____

_____ _____

Employee Signature Date Supervisor Signature Date

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For Staff Development Use Only

☐ Approved Amount Funded _____

☐ Not Approved Why Not _____

Send completed form to the University Staff Development Committee, Campus Zip 110