

**APPLICATION FOR PROFESSIONAL DEVELOPMENT
SALARY SCHEDULE UNITS, PROGRAM APPROVAL, RECOGNITION, or COST REIMBURSEMENT**

Name _____ Dept/Division _____ Date _____

1. Information on activity:

Title/Name of activity: _____

Sponsor: _____

Date(s) of activity: _____

Employee Classification: Faculty Non-faculty

Check category of professional development activity:

- Academic Credit Special Project
 Technical Education Publication
 Workshop/Seminar/Conference

2. Action Requested: (mark all that apply)

- Approve Salary Schedule Units.
Indicate the number of units requested: _____
(Refer to Professional Development Activity Guidelines for criteria)
- Approve Professional Development Program.
- Accept activity that is already part of my approved Professional Development Program.
- Approve for Recognition and addition to your personnel file.

- Approve Cost Reimbursement:
(Not to exceed \$1,000/year per individual)

Expense Item	Cost
Total	

3. On a separate sheet of paper, respond to each of the following as applicable:

- a. **Describe your proposed professional development activity.** Define specialized acronyms and provide specific details. Careful proofreading and grammatical accuracy facilitate committee discussion and action.
- b. **For salary schedule units,** explain how the proposed activity relates specifically to your current assigned duties. Review the Professional Development Activity Guidelines and also **attach the required application materials** for the activity type indicated above.
- c. **For professional development program approval,** include the list of program courses, your anticipated enrollment terms, and anticipated program completion date (month & year).

4. Required Signatures

- If awarded, I agree to repay all money allocated to me for cost reimbursement through payroll deduction if a) or b) below is met:
- a) I am unable to provide activity completion evidence to the Professional Development Committee, or
 - b) For voluntarily, non-emergent reasons I do not fulfill my current contract/appointment for the ongoing academic or fiscal year.

This proposed activity has been discussed with and
 approved disapproved
 by the appropriate supervisor. Date: _____

Print Name: _____
 (Supervisor)

Supervisor: _____

Applicant: _____

(FOR COMMITTEE USE ONLY)

- Approved for ____ Salary Schedule Unit(s)
- Approved Professional Development Program
- Accepted Professional Development Program Activity
- Approved for Recognition
 Not approved
- Approved Cost Reimbursement for \$ _____
 Not approved

Signature (Committee Chair or Representative):
 _____ Date: _____

Activity verification signature:
 _____ Date: _____

Completion Initials: _____	SSUs recorded _____	Recognition filed _____	Payment initiated _____
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