# Staff Development Funding Application

**GEORGIA COLLEGE**
**& STATE UNIVERSITY**

Please complete this form and forward it to the Staff Development Committee at least 10 working days prior to the workshop, seminar or class. The GC Purchase and Check Request form (attached to this application) and event registration must be submitted with the Staff Development Funding Application. Guidelines for use of Staff Development funds may be found at: http://www.gcsu.edu/staffcouncil/staff-development.

Staff professional development is defined as any educational or training opportunity that improves and enhances skills and job capabilities related to the staff member's current job. You may apply to the staff development chair to pay the cost of your registration fee up to $200 per person, per department, per six months (January – June and July – December). Apply by April 15.

Applications should make every effort to honor the registration commitments made. If an applicant does not attend the development opportunity for which they applied, the employee will not be allowed to use Staff Development funds for the remainder of the current semester through the end of the following full semester. Repeat offenses may cause the employee's eligibility to be reviewed for future use of funds.

Funding will be limited to one person per department or unit for a similar professional development opportunity within the same period. Exceptions to the Staff Development Guidelines will be taken into consideration by the Staff Development Committee. (Staff Development funds do not pay for transportation, workbooks or food.)

**If more than one person per department or unit is applying for the same event or conference, please provide an itinerary of the event with this application and indicate what sessions you will attend.** If more than one person from a department or unit is approved for staff development funding, each attendee receiving funding must attend different break-out sessions.

**Procedure for applying for Staff Development funds:**

1. Complete the registration form for your event and the Staff Development application.
2. Complete a GC purchase and check request form as follows:
   **Vendor:** Organization/event, mailing address and phone number
   **Requested by:** Your name
   **Approved by:** *Leave blank.*
   **Pick up:** *Leave blank unless you want to pick up the check.*
   **Description:** Seminar title and date
3. E-mail, send through campus mail or hand deliver the following to Alison Shepherd, alison.shepherd@gcsu.edu, Russell Library, Room 375, CBX 034:

   1.Event registration form, 2. Staff Development application, 3.Purchase/Check request form, and 4. Itinerary—if more than one person per department is attending.

# Staff Development Funding Application

Please complete this section.
**EMPLOYEE INFORMATION**

Name: _____ Department: _____

Title: _____ Campus box: _____

Office phone: _____ Today's date: _____

Are you a staff member? (Please check)  Yes:_____        No:_____

Have you completed your six-month probationary period? Yes: _____  No: _____

Do you work at least 20 hours per week? Yes: _____  No: _____

**WORKSHOP, SEMINAR OR CONFERENCE CLASS INFORMATION**

Event  name:  _____

Event  date: _____  Location: _____

Event cost: _____  Deadline: _____

*If the event costs more than your allotted Staff Development funding amount, do you have access to departmental funds to pay for the remaining balance? Yes: _____  No: _____

If yes, what is the remaining balance? _____ Department's account number: _____

Supervisor's name: _____ Supervisor's signature: _____

_____ (employee initials) I have read and agree to abide by the rules and guidelines on the first page of this application and understand that failure to do so may result in the approval process taking longer and, or that your funding application may be denied.

**Specify how this training relates to your job.**

**FOR STAFF COUNCIL USE ONLY**
Approved: _____    Denied: _____  Reason denied: _____

Staff Development Chair signature:_____  Date: _____

# GEORGIA COLLEGE & STATE UNIVERSITY

# Check Request

Date _____

**This form is to be used for the following (that are less than $25,000.00): Registrations, Subscriptions, Memberships, Direct Billings for Hotel/Car Rental, Hotel Prepayments, Utilities, Food Items (Sodexo)**

**Vendor Name:** _____

**Requested by:** _____

**Address:** _____

**Approved by:** _____

Note: Requester & Approver may not be the same person

**Vendor Phone #:** _____

IT Approved by: _____

IT approval is required for all Technology Related purchases

**Note: If check is to be picked up by GC employee please provide contact information below:**

**DEPARTMENT NUMBER(S) TO BE CHARGED:**

Employee Name: _____

Employee phone #: _____

| Item # | Qty/Unit | Description and Specifications | Unit Price | Total Price |
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Comptroller/CAO Approval (if needed): _____   Date: _____