

Staff Development Funding Application



Please complete this form and forward it to the Staff Development Chair Patti Veal at least 10 working days prior to the workshop, seminar or class. This application and the GC Purchase and Check Request form (available at <http://gcsu.smartcataloging.com/en/Policy-Manual/Policy-Manual/Forms>) must be submitted with the Staff Development 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, 2021.

Applications should make every effort to honor the registration commitments made. If an applicant does not attend the development 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:
Deliver to: Patti Veal, Herty Hall - Room 349, CBX 082. **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. Send through campus mail or hand deliver the registration form, Staff Development application, purchase and check request form and itinerary—in the case of more than one person per department attending to Patti Veal, Herty Hall - Rm 349, CBX 082.

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: _____

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: _____



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)

<p>Vendor Name: _____</p> <p>Address: _____</p> <p>Vendor Phone #: _____</p> <p style="text-align: center;">Note: If check is to be picked up by GC employee please provide contact information below:</p> <p>Employee Name: _____</p> <p>Employee phone #: _____</p>	<p>Requested by: _____</p> <p>Approved by: _____</p> <p style="background-color: #fff9c4; text-align: center;">Note: Requester & Approver may not be the same person</p> <p>IT Approved by: _____</p> <p style="background-color: #fff9c4; text-align: center;">IT approval is required for all Technology Related purchases</p> <p style="text-align: center;">DEPARTMENT NUMBER(S) TO BE CHARGED:</p> <p>_____</p> <p>_____</p>
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Item #	Qty/Unit	Description and Specifications	Unit Price	Total Price
Total				

Comptroller/CAO Approval (if needed): _____

Date: _____