



APPLICATION FOR FUNDING FOR SKILLS DEVELOPMENT – Support Staff

Name: _____

Department: _____

Present Classification: _____

Telephone local: _____

Training session to improve the following skill: _____

Course Name: _____

Institution: _____

Training session dates: from: _____ to: _____

Day(s) of the week: _____ Time of session: _____

Cost of training session: _____

Future classification of interest: _____

Additional Information: _____

Signature

Date

FOR OFFICE USE

Amount Approved: _____ **Budget Year:** _____ **Budget Code:** _____

Date Approved: _____ **To be Paid on:** _____

YYYY-MM-DD

Signature of College Representative: _____ **Date:** _____

Attach documents relating to training session and send application to the Human Resources Department in Room 4B-7 one month prior to the start of the training session.