DAWSON COLLEGE

Application for Professional Development Funds
Professionals

Full Name (Print) [   ]

Department [   ]

Employee # [   ]   Phone Local [   ]

Email [   ]

Employment Status

○ Regular   ○ Full-Time

○ Non-regular   ○ Part-time   % [   ]

Activity Type

Start Date [   ]   Finish Date [   ]

○ Credit Course

○ Non-Credit Course

○ Workshop

Description of Activity
[   ]

○ Conference/Seminar

○ Computer-Related (Taxable)

○ Other [   ]

Name & Address of Institution (if applicable)
[   ]

Explain how this activity relates to your work
[   ]

Amount Requested
[   ]

Please attach any available literature.

Application for **approval is required one month** prior to the activity.

If approved, deadline for submitting documents pertaining to **reimbursement for activity is one month** upon completion.

Details of policy are in HR-16 (Dawson College, Manual of Policies & Procedures)

I, the undersigned, understand that if I fail to submit the pertaining documents on time, reimbursement will not be possible.

_____

Signed By

Date (YYYY-MM-DD) [   ]

[Print Form]

FOR OFFICE USE

Amount approved
[   ]

Signature of College Rep   Date   Signature of College Rep   Date
[   ]   [   ]   [   ]   [   ]

Date approved
[   ]

Budget Year   Budget Code   To be Paid on YYYY-MM-DD
[   ]   [   ]   [   ]