Application for Professional Development Funds
Support Staff

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
○ Conference/Seminar
○ Computer-Related (Taxable)
○ Other [   ]

Description of Activity
[   ]

Name & Address of Institution (if applicable)
[   ]

Describe how this request relates to professional development and its usefulness in the performance of your duties or career path at the College

[   ]

Amount Requested
[   ]

Please attach any available literature.

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

If approved, deadline for submitting documents pertaining to **reimbursement for activity is six (6) weeks** upon completion.

Details of policy are in HR-17 (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
[   ]