

Application for Staff Development Award

NAME: _____ UH ID #: _____

HOME ADDRESS: _____

SECT./DIV/DEPT.: _____ TITLE/POSITION: _____

NAME OF ACTIVITY (attach documents as necessary):

PLACE: _____ DATE: _____

COST*: _____ AMOUNT REQUESTED: _____ (not to exceed \$150.00)

PURPOSE/BENEFITS:

OTHER FUNDING REQUESTED: _____

OFFICIAL LEAVE GRANTED: _____

_____ Applicant's Signature Date

* Submit ORIGINAL receipt, cancelled check OR copy of bank/credit card statement and corresponding check facsimile/credit card slip after event is completed.

DECISION OF THE LIBRARY SENATE STAFF DEVELOPMENT COMMITTEE

APPROVED: _____ AMOUNT: _____ DISAPPROVED: _____

REASON: _____

Chairperson's Signature Date