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Classified Staff – Funding Request Form

**Section 1 – Employee**

Employee’s Name: Date:

Position: Department:

Full-Time *Permanent* Classified

Part-Time Classified/Hourly (who have worked a minimum of 70 hrs with no more than a three-

month break in service)

Name of Event: Date of Event:

Purpose of Event:

How does this contribute to the college’s mission?:

Funds are being requested for:.

Workshop/Seminar Registration $

College Course Registration $

College Course Textbooks $

Professional Organization Membership $

Other: $

**TOTAL REQUESTED $**

**Employee Signature Date**

**Section 2 – Supervisor**

Do you support this training?  Yes  No

If this employee is a P/T classified or P/T Hourly employee, do you verify this employee has worked a

minimum of 70 hours with no more than a three-month break in service?  Yes  No

**Supervisor Signature Date Dept / Division Admin Signature Date**

**Section 3 – To Be Completed by the Classified Staff Council**

❑ Approved for: CSPDC Funds Endowment Program Fund

(149-081-12014) (4000)

Registration for College Course $ $

Registration for Workshop/Seminar $ $

Textbooks for College Course $ $

Membership in Professional Organization $ $

Other: $ $

**TOTAL APPROVED…………………… $ $**

❑ Not Approved (see attached explanation)

**Classified Staff Council Treasurer Classified Staff Council Chair**

**VP of Human Resources & Legal Affairs**