



## REQUEST FOR PROFESSIONAL DEVELOPMENT FUNDING

All requests for funding must be made by completing this form and submitting it to the associate dean (715 Broadway, 6th Floor) for approval at least 6 weeks prior to the scheduled event or activity. If your request is approved, you will receive a copy of this form in your mailbox along with a set of guidelines that detail the type of documentation necessary for reimbursement. You should pay for all expenses and then submit your original itemized receipts and whatever other documentation is necessary to Cyd Fulton. After you have submitted your receipts, you will receive a reimbursement form (in your mailbox) which you should sign and return. Your signed reimbursement form, along with your receipts and a copy of this request form, will be submitted to Accounts Payable for processing. Professional development funding for adjunct faculty is in accordance with the collective bargaining agreement in effect between the University and the ACT/UAW.

NAME \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_

EMPLOYMENT STATUS:  FULL-TIME FACULTY  ADJUNCT FACULTY

### DETAILS OF PROFESSIONAL DEVELOPMENT ACTIVITY

LOCATION, DATE AND TITLE OF CONFERENCE, MEETING, OR EVENT, OR PURPOSE OF OTHER PROPOSED EXPENDITURE AND ITS EXPECTED ACADEMIC/PROFESSIONAL BENEFIT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU PRESENTING A PAPER, PRESIDING AT A SESSION, OR PUBLISHING AN ARTICLE OR BOOK?  YES  NO  
IF YES, PLEASE GIVE DETAILS (PAPER TITLE, ETC.):

\_\_\_\_\_  
\_\_\_\_\_

DATES OF TRAVEL AND PROJECTED ITINERARY OR TIMELINE FOR PUBLICATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PROJECTED EXPENSES

CONFERENCE REGISTRATION \$ \_\_\_\_\_  
TRAVEL (AIR, TRAIN, CAR RENTAL, ETC.) \$ \_\_\_\_\_  
HOTEL \$ \_\_\_\_\_  
MEALS \$ \_\_\_\_\_  
OTHER (PLEASE SPECIFY) \$ \_\_\_\_\_  
**TOTAL PROJECTED EXPENSES:** \$ \_\_\_\_\_

### APPROVAL SIGNATURE

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_ AMOUNT APPROVED \_\_\_\_\_

DEAN'S OFFICE COPY  FILE COPY  INSTRUCTOR COPY