



**Staff Development Funding (Human Resources)
Professional Development Funding (Staff Association)
Application and Reimbursement Procedures**

Missouri Western State University encourages Exempt and Non-Exempt Staff to attend professional meetings and pursue professional development. The purpose should be to upgrade the individual's professional knowledge in order to benefit the department and the University.

Funding for such is available through both the Human Resources Department and the Staff Association.

Staff Development Funding from the Human Resources Department shall not exceed \$200 per person per fiscal year. Approval of funding is granted by the Human Resources Director after review of each application and is based on availability of budgeted funds.

Professional Development Funding through the Staff Association is available based on allocation of funds by the MWSU Foundation. This funding shall not exceed \$200 per person per fiscal year. A committee of Staff Association members will review each application and make the decision regarding the funds awarded based on the availability of budgeted funds.

The required procedure for applying for these funds is:

1. Obtain supervisor's approval for event attendance.
2. The employee must request funding from the department and/or immediate supervisor.
3. The employee must complete the Staff Application for Staff/Professional Development Funding.
4. The Staff Application for Staff/Professional Development Funding must be turned into the Human Resources Office prior to travel or event.
5. Reimbursement will not occur if application is not received **prior** to travel or event.

The procedure for approval of funding is:

1. Human Resources will review the Staff Application for Staff/Professional Development Funding.
2. Human Resources will determine the funding amount from the Staff Development Funds they monitor, making note of the award on the application and sending notification to the applicant.
3. Human Resources will forward a copy of the Staff Application for Staff/Professional Development Funding to the chair of the Professional Development Committee of the Staff Association.
4. The Professional Development Committee of the Staff Association will review the Staff Application for Staff/Professional Development Funding.
5. The Professional Development Committee will determine funding amount from the Professional Development Funds they monitor, making note of the award on the application and sending notification to the applicant.

The procedure for transfer of funding is:

1. Upon completion of the travel or event, please submit a copy of receipts for all expenses as well as verification of attendance (i.e. program, name badge, certificate, etc.) to both the Human Resources Department and the Professional Development Committee Chair. Receipts and verification of attendance must be submitted within 45 days of travel or allocated funding will be revoked.
2. The Human Resources Department and Professional Development Committee will review the receipts.
3. Upon validation of the receipts, the reimbursement funding will be transferred to the appropriate department budget.



Name: _____ Date: _____

Position: _____ Department: _____

I. Outline the proposed professional development activity for which you are requesting funding:

Name of Activity: _____

Location of Activity: _____ Date(s): _____

Other Employee(s) Attending: _____

Type of Activity: _____ Independent Research _____ Workshop _____ Creative Activity
 _____ Seminar _____ Field Research _____ Conference _____ Class
 _____ Other _____

Please give a description of the activity for which you are requesting funds. Attach a brochure or flyer, if available. _____

How will this activity benefit:
 Your department? _____

The University? _____

II. Provide an itemized list of expenses to be incurred, including any other sources of funding you will utilize:

ITEM DESCRIPTION	EXPENSES	ESTIMATE OR ACTUAL
Rental Car (submit auto request)	\$	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Personal Car (actual miles x per mile rate)	\$	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Airfare	\$	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Lodging	\$	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Meal	\$	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Registration Fee(s):	\$	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
Other Expenses (itemize on another sheet)	\$	<input type="checkbox"/> Estimate <input type="checkbox"/> Actual
SUBTOTAL	\$	
Less funds available from your department	(\$)	
Funds Requested from Staff Development Funds (Human Resources)	(\$)	
Funds Requested from Professional Development Funds (Staff Association)	(\$)	

Funds will not be transferred to your department until travel/event has taken place and all receipts and verification of attendance (i.e. program, name badge, certificate, etc.) are submitted.

III. Signature

Employee: _____ Date: _____

IV. Authorization

Signing of this application indicates endorsement and intention to support the project if funds are made available.

Supervisor's Signature: _____ Date: _____

Vice President's Signature: _____ Date: _____

V. Accounting

Please provide the accounting information for the department to be reimbursed for this event.

Index _____ Fund _____ Organization _____ Account _____ Program _____

OFFICE USE ONLY:

Staff Development Funds (Human Resources)	Approved:	Not Approved:	Amount:
Staff Development Funds (Human Resources) Signature			Date
Professional Development Funds (Staff Association)	Approved:	Not Approved:	Amount:
Professional Development Funds (Staff Association) Signature			Date

SUBMIT THIS FORM TO HUMAN RESOURCES, POPPLEWELL HALL 117.

**HUMAN RESOURCES WILL PROCESS AND ROUTE TO THE PROFESSIONAL DEVELOPMENT COMMITTEE CHAIR
FOR STAFF ASSOCIATION.**