



Funding Allocation Request Form for Faculty/Staff Development

Date:	Name:
Activity Title:	Dates of Activity:

Statement of Need: State the specific purpose and objectives of this project. Identify the College initiative that supports your request for funding allocation. (Attach conference/seminar/workshop information and agenda)

How does the need relate to the institutional goal of maximizing student success?

Budget:

	Who/What	Cost
Personnel Salaries		
Transportation Lodging Other (Parking, taxi, etc.)		
Registration/Tuition And Materials		
Other (Please itemize)		
TOTAL		

I understand that I must repay on a prorated basis any funds received for professional development activities in the amount of \$1,500 or more within a twelve month period, according to the terms of the REIMBURSEMENT AGREEMENT, upon voluntarily leaving employment (other than retirement) from York Technical College during the designated repayment period. Failure to pay the outstanding balance may result in garnishment of income tax payments.

Submitted By: _____ **Date:** _____
Signature

Supervisor Approval: _____ **Date:** _____
Signature

PDC Approval: _____ **Date:** _____
Signature

An Activity Evaluation Form must be completed and attached to your reimbursement request prior to submitting to your supervisor for approval. Reimbursement will not be processed without a completed evaluation form.